

Fill in this information to identify the case:Debtor name T1 Payments, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 23-10290☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 17, 2023**X /s/ Debra Kaisen**_____
Signature of individual signing on behalf of debtor**Debra Kaisen**_____
Printed name**Manager**_____
Position or relationship to debtor

Fill in this information to identify the case:Debtor name **T1 Payments, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **23-10290**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

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Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **560,183.65****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **560,183.65****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **172,794.62****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,253,925.13****4. Total liabilities**
Lines 2 + 3a + 3b\$ **1,426,719.75**

Fill in this information to identify the case:Debtor name **T1 Payments, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **23-10290**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☒ No. Go to Part 2.
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments**13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

Valuation method used for current value**Current value of debtor's interest**

14. Mutual funds or publicly traded stocks not included in Part 1
 Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture
 Name of entity: % of ownership

15.1. **T1 Payments, Ltd.** **100** % **Unknown**

Debtor **T1 Payments, LLC**
NameCase number (If known) **23-10290**

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers
(i.e., VIN, HIN, or N-number)

**Net book value of
debtor's interest**
(Where available)

**Valuation method used
for current value**

**Current value of
debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. **2019 Porsche Turbo S (19,800 miles)** **\$0.00** **Comparable sale** **\$175,000.00**

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$175,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No

Debtor **T1 Payments, LLC**
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- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes Fill in the information below.

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
Breach of Fiduciary Duty and Professional Negligence against Eugene Romes, Esq.
Rome & Associates, 2029 Century Park E Ste 450, Los Angeles, CA 90067

Alleged to have divulged confidential information to third parties to hinder T1 Payments with its customers.Nature of claim Claim against former counsel for T1Amount requested \$0.00Unknown

Claims against Payvision, B.V. for monies improperly retained from merchant credit card processing
Keizersgracht 121
1015 CJ Amsterdam
Netherlands

Nature of claim Improper Retention of monies owed to T1 Payments, LLCAmount requested \$0.00Unknown

Debtor **T1 Payments, LLC**
NameCase number (If known) **23-10290**

Claim against Buillion Holdings, LLC, Shannon Nicole Forsyth, Clark County District Court Case No. A-21-833412-C for breach of contract regarding merchant credit card processing. Failure to pay T1 Payments, LLC for its earned fees. \$226,594.18 for improper chargebacks plus \$158,589.47 in early termination fees.

\$385,183.65

Nature of claim	<u>Breach of Contract</u>
Amount requested	<u>\$385,183.65</u>

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$385,183.65

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **T1 Payments, LLC**
NameCase number (If known) **23-10290****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$175,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$385,183.65	
91. Total. Add lines 80 through 90 for each column	\$560,183.65	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$560,183.65

Fill in this information to identify the case:Debtor name **T1 Payments, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **23-10290**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Porsche Financial Services Creditor's Name 75 Remittance Drive Suite 1738 Chicago, IL 60675-1738 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 1589 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2019 Porsche Turbo S (19,800 miles) Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$172,794.62	\$175,000.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$172,794.62**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **T1 Payments, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **23-10290**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address 1111CBD LLC 7813 S 18th Way Amsterdam, AZ 1017XD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.2	Nonpriority creditor's name and mailing address 1128665 B.C. LTD 321-323 High Road, Chadwell Health Phoenix, England 85042-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.3	Nonpriority creditor's name and mailing address 1191004 BC LTD 3 Axel-Springer-Platz Cookeville, Germany 38502-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address 12 Crowns Consulting Office 3 Unit R Penfold Works Trading Estate, Imperial W Watford, Herts WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.5 Nonpriority creditor's name and mailing address

1214669 BC LTD
321-323
High Road, Chadwell Health Romford
Romford, England RM6 6AX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.6 Nonpriority creditor's name and mailing address

1287 Enterprises LLC
72 Suttle Street J & K
Waxhaw, CO 28173

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.7 Nonpriority creditor's name and mailing address

1613823 Alberta Inc
3
Eichhornstra e
London, Germany RM6 6AX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.8 Nonpriority creditor's name and mailing address

1stopmove.com Inc.
1819 Polk St #404
Groton, CA 01450

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.9 Nonpriority creditor's name and mailing address

24 K Herbs LLC
6303 Blue Lagoon d
Berlin, FL BE 10785

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.10 Nonpriority creditor's name and mailing address

2500486 Ontario Inc.
Mailbox 6000-6060 6
6St. Colmans Park
Wilmington, Co. Down. 19801-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.11 Nonpriority creditor's name and mailing address

2Rise Naturals LLC
1
Elmfield Avenue
Miami, Co. Down. 33126-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

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3.12	Nonpriority creditor's name and mailing address 36 Circles, LLC 4525 San Fernando Rd. Ste G Newry, CA BT34 3HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.13	Nonpriority creditor's name and mailing address 36 Circles, LLC 4525 San Fernando Road Suite G Glendale, CA 91204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.14	Nonpriority creditor's name and mailing address 365 Skinny, LLC 3758 E104th Ave Suite 522 Glendale, CO 91204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address 3C LLC 112 Burren Road Thomton, Co. Down. 80233-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.16	Nonpriority creditor's name and mailing address 3Chome Group LLC 2468 Sumac Drive Newry, CA BT34 3XT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.17	Nonpriority creditor's name and mailing address 419 Interactive Inc 165 C Weteringschans Goleta, Netherlands 93117-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.18	Nonpriority creditor's name and mailing address 420 Brew Street Inc 808 Ivy Drive San Diego, FL 92105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.19	Nonpriority creditor's name and mailing address 50 Shade of Green 7 Wilson Business Park Monsall Road, Salt Lake City, England 84101-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.20	Nonpriority creditor's name and mailing address 5280 Chefs Mailbox 6000-6060 6 St. Colmans Park Norwalk, Co. Down. 06851-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.21	Nonpriority creditor's name and mailing address 5thworldbrands LLC 7138 N 110th Ave Wellington, AZ 33414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.22	Nonpriority creditor's name and mailing address 850Genesis - FL INC 24 Hollywood Blvd SW Unit 5 Glendale, FL 85307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.23	Nonpriority creditor's name and mailing address 9435182 Canada Inc Aldgate Tower, 2 Leman St., Whitechapel Louisville, England 40218-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.24	Nonpriority creditor's name and mailing address A and E Consulting, Inc. 40871 Brentwood Newry, MI BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.25	Nonpriority creditor's name and mailing address A and W Neutraceuticals Office 3 Unit R Penfold Works Trading Estate, Imperial W Berlin, Herts BE 10245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.26	Nonpriority creditor's name and mailing address A.B. Eurospania Ltd 165 C Weteringschans Houston, Netherlands 77004-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.27	Nonpriority creditor's name and mailing address AA Drainage 99 Ameysford Road Amsterdam, Ferndown 1017XD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.28	Nonpriority creditor's name and mailing address AAFF Scomm 11 Boulevard d'Avroy , Belgium BH22 9QD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.29	Nonpriority creditor's name and mailing address AAXLL Supply Co LLC. 58 West Portal Ave Liege, CA 04000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.30	Nonpriority creditor's name and mailing address Above and Beyond Partnership, LLC 5115 avenida encinas ste H San Francisco, CA 94127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address Absolute Nutrition LLC 139 West Dudlet Town Rd Carlsbad, CT 92008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.32	Nonpriority creditor's name and mailing address Abstrax Tech INC 719 Calle Amable Bloomfield, CA 06002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.33	Nonpriority creditor's name and mailing address Accurate Venture Office 3 Unit R Penfold Works Trading Estate, Imperial W San Clemente, Herts 92673-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.34	Nonpriority creditor's name and mailing address ACE Holdings LLC 1 Elmfield Avenue, Warrenpoint Watford, Co. Down. WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.35	Nonpriority creditor's name and mailing address Ace Online, Inc. 1950 W Corporate Way PMP 95972 Newry, CA BT343HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.36	Nonpriority creditor's name and mailing address Ace Trading LLC 3214 N University Ave #112 Anaheim, UT 92801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.37	Nonpriority creditor's name and mailing address ACI Worldwide Corp. 6060 Coventry Drive Elkhorn, NE 68022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.38	Nonpriority creditor's name and mailing address ACRY Distribution LLC 1820 E Warm Springs Rd Ste 100 F Provo, NV 84604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.39	Nonpriority creditor's name and mailing address Ad Remedies Inc Office 3 Unit R Penfold Works Trading Estate, Imperial W Manhattan Beach, Herts 90266-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.40	Nonpriority creditor's name and mailing address Adorivy LLC 3400 Cottage Way Ste G2 Watford, CA WD24 4YY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.41	Nonpriority creditor's name and mailing address ADSXPOSED LTD 50 Shirley Avenue, Gomersal, Cleckheaton Sacramento, England 95825-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.42	Nonpriority creditor's name and mailing address Aegean International INC 100 Lyell Street Bedford, CA 47421 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.43	Nonpriority creditor's name and mailing address Aerosource H LLC 101 Liberty Dr Newry, KY BT34 3XT Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.44	Nonpriority creditor's name and mailing address AF Solutions, LLC 3540 State Hwy 52 unit e-4 San Antonio, CO 33576 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.45	Nonpriority creditor's name and mailing address Aftercare Universal Ltd 56 Lansdowne Place, Hove Kevil, England 42053-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.46	Nonpriority creditor's name and mailing address Aftertaster SL Av. Ramon y Cajal 17 East Sussex, Spain BN3 1FG Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.47 Nonpriority creditor's name and mailing address

**Agape Blends LLC.
22 Lafayette Ave.
Fuengirola, PA 29640**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.48 Nonpriority creditor's name and mailing address

**AgeesEnvy LLC
23818 Hartford Springs Trail Dr.
Tamaqua, TX 18252**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.49 Nonpriority creditor's name and mailing address

**Agile tech Solutions LLC
401 N Michigan Ave, Suite 1200
Katy, IL 77493**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.50 Nonpriority creditor's name and mailing address

**Akanvia LLC
1718 Capitol Ave
Chicago, WY 60611**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.51 Nonpriority creditor's name and mailing address

**AKC HoffCo LLC
3324 71st Ave SE
Cheyenne, ND 82001**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.52 Nonpriority creditor's name and mailing address

**Aktive LLC
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Las Vegas, Herts 89119-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.53 Nonpriority creditor's name and mailing address

**Alamaro Enterprises Ltd
4A
Cesta Comandanta, Staneta
Jamestown, Slovenia 58401-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

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3.54	Nonpriority creditor's name and mailing address Alchemista LLC 1065 Tilman Road New York, VA 10012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.55	Nonpriority creditor's name and mailing address Alex Stenson International LTD 86 Carrer Tanger Charlottesville, Spain 22901-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.56	Nonpriority creditor's name and mailing address Alidada Wholesale Club LLC 5153 S Beech Daly Barcelona, MI B 08018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.57	Nonpriority creditor's name and mailing address All for One Solutions LTD 61-105 Weesperstraat Dearborn, Netherlands 48125-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.58	Nonpriority creditor's name and mailing address All Kind CBD LLC 61 Laskey Road Amsterdam, ME 1018VN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.59	Nonpriority creditor's name and mailing address All Natural CBDs LLC 1A Erskine Street Windham, Co. Down. 04062-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.60	Nonpriority creditor's name and mailing address All Natural Products LLC 4101 SW 73rd Ave. Newry, FL BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.61	Nonpriority creditor's name and mailing address Allegra Marketing Solutions Inc 8 Taunusanlage Miami, Germany 33155-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.62	Nonpriority creditor's name and mailing address Allegra Marketing Solutions Inc 219 3frt Alameda das Linhas de Torres Frankfurt, Portugal HE 60329 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.63	Nonpriority creditor's name and mailing address ALLIED SYNERGY GROUP INC 28939 MIRADA CIRCULO Lisboa, CA 1750-144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.64	Nonpriority creditor's name and mailing address Aloha Honi Ltd 1a Erskine Street VALENCIA, Co. Down. 91354-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.65	Nonpriority creditor's name and mailing address Alpen Performance LLC 1055 W 7th St 33rd FL Newry, CA BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.66	Nonpriority creditor's name and mailing address Alpentol Sarl 86 Carrer Tanger Los Angeles, Spain 90017-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.67	Nonpriority creditor's name and mailing address Alpha CannaX, Inc. 575 Virginia Dr Suite C Barcelona, PA B 08018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.68	Nonpriority creditor's name and mailing address Alpha Red Letters LLC 21370 SW Langer Farms Pkwy. Ste 142-197 Fort Washington, OR 19034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.69	Nonpriority creditor's name and mailing address Alpine Alternative Healing Company, LLC PO Box 2581 Sherwood, CO 97140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.70	Nonpriority creditor's name and mailing address Alternative Vape Supply LLC 5021 Verdugo Way Ste 105 No 425 Newry, CA BT34 3JZ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.71	Nonpriority creditor's name and mailing address Altmed Pets LLC 8100 Southpark Wy #A3 Frewsburg, CO 14750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.72	Nonpriority creditor's name and mailing address Ambary Gardens LLC 15000 W. 6th Ave Camarillo, CO 93012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.73	Nonpriority creditor's name and mailing address America's Finest LLC 47 Ronda Sant Pau, Local 1 Denver, Spain 80204-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.74	Nonpriority creditor's name and mailing address America`s Finest LLC 2525 W 6th Ave #201 Warrenpoint, CO BT343HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.75	Nonpriority creditor's name and mailing address American Enterprise Research Organizatio 7545 Irvine Center Dr Ste 200 Las Vegas, CA 89115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.76	Nonpriority creditor's name and mailing address American Express P.O. Box 96001 Los Angeles, CA 90096-8000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.77	Nonpriority creditor's name and mailing address American Express P.O. Box 96001 Los Angeles, CA 90096-8000 Date(s) debt was incurred ____ Last 4 digits of account number 4003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$407,216.90
3.78	Nonpriority creditor's name and mailing address American Green INC 11011 s48th Street Suite 106 Irvine, AZ 92618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.79	Nonpriority creditor's name and mailing address American Nutritional Products INC 4610 Arrowhead Dr Tempe, NV 85281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.80	Nonpriority creditor's name and mailing address AMHV Wellness Inc 2821 S Parker Rd Barcelona, CO ES 08015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.81	Nonpriority creditor's name and mailing address AMP Capital Group LLC 6450 Lusk Blvd Suite E103 Aurora, CA 80014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.82	Nonpriority creditor's name and mailing address Amplifeintl, LLC 704 South State Rd #135 Ste D399 San Diego, IN 92121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.83	Nonpriority creditor's name and mailing address Amrev Media, Inc. 69 Canal Street Greenwood, Co. Down. 46143-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.84	Nonpriority creditor's name and mailing address AMS Management Service Corp 1200 Deltona Blvd Newry, FL BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.85	Nonpriority creditor's name and mailing address Ananda LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Deltona, Herts 32725-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.86	Nonpriority creditor's name and mailing address Anarkey Enterprises, LLC 889 Ridge Rd Manchester, CO M40 8WN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.87	Nonpriority creditor's name and mailing address Anemone Wellness LLC 6133 Bristol Parkway Suite 175 Pflugerville, CA 78660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.88	Nonpriority creditor's name and mailing address Angels Healing Leaf LLC 1a Erskine Street Culver City, Co. Down. 90230-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.89	Nonpriority creditor's name and mailing address Animal Studios LLC 7216 Capulin Crest Dr Newry, NC BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.90	Nonpriority creditor's name and mailing address Ano Colorado LLC PO Box 4704 Apex, FL 27539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.91	Nonpriority creditor's name and mailing address Antarctic Holding Corp 2301 SW 27 Ave. Apt 606 Fort Walton Beach, FL 32549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.92	Nonpriority creditor's name and mailing address Anxiety Hackers International LLC 7101 Virginia Parkway Apt 328 Miami, TX 33145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.93	Nonpriority creditor's name and mailing address AON American Partnership 12920 Summit Ridge Terrace Pulaski, MD 38478 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.94	Nonpriority creditor's name and mailing address Apex Industries Inc 555 W Lamvbert Rd Unit A Newry, CA BT343HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.95	Nonpriority creditor's name and mailing address Apex International Marketing N Wall Quay Redmond, Ireland 97759-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.96	Nonpriority creditor's name and mailing address Apex Online Solutions, LLC 339 Forester Rd Brea, ID 92832 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.97	Nonpriority creditor's name and mailing address Apex Superfoods LLC 615 SW Umatilla Ave Middleton, OR 83644 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.98	Nonpriority creditor's name and mailing address Apollo Design and Tech, Inc 2614 chariton Dublin, CA D D1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.99	Nonpriority creditor's name and mailing address APPLIANCEGUARDUK LIMITED 7 Hollist Chase Hollist Chase, Wick, Watford, England WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.100	Nonpriority creditor's name and mailing address Applied Innovations LLC 1b Erskine Street Littlehampton, Co. Down. BN17 6FX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.101	Nonpriority creditor's name and mailing address April Showers LLC 1707 Yarmouth Ave Unit 208 Newry, CO BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102	Nonpriority creditor's name and mailing address Archer Travel Service, Inc. 3941 Foothill Blvd Salt Lake City, CA 84115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.103 Nonpriority creditor's name and mailing address

Ardor Answers Limited
11
Carrer de bailen, bajos
Sanibel, Spain 33957-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.104 Nonpriority creditor's name and mailing address

Arkshire Products LLC
559 Alisal St. Ste 108
Barcelona, CA ES 08010

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.105 Nonpriority creditor's name and mailing address

Armond Garibyan
1
Elmfield Avenue
Bolton, Co. Down. BL1 8PT

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.106 Nonpriority creditor's name and mailing address

Aroma Life LLC
344 20th St.
Salinas, CA 93905

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.107 Nonpriority creditor's name and mailing address

Artemis Brands LLC
31731 Northwestern Hwy Suite 156W
OakInd, MI 94612

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.108 Nonpriority creditor's name and mailing address

Artisan Botanicals, LLC
2601 S Douglas Blvd Suite 170
Farmington Hills, OK 48334

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.109 Nonpriority creditor's name and mailing address

Asher Digital Marketing Inc
758 Calle Plano
Oklahoma, CA 73130

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

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3.110	Nonpriority creditor's name and mailing address Asher Digital Marketing LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Watford, Herts WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111	Nonpriority creditor's name and mailing address Ashlynn Marketing Group, Inc 10870 Hartley Rd Suite B Camarillo, CA 93012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.112	Nonpriority creditor's name and mailing address Aterra LLC 3117 E Roveen Ave Santee, AZ 92071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.113	Nonpriority creditor's name and mailing address AthletiCBD LLC 32035 Virginia Way Phoenix, CA 85032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.114	Nonpriority creditor's name and mailing address Athletix LLC 1 Executive Drive Suite LL100 Laguna Beach, NJ 92651 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.115	Nonpriority creditor's name and mailing address Atlas Distributions, LLC 20821D Eva Street #143 Fort Lee, TX 07024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.116	Nonpriority creditor's name and mailing address ATW Distro LLC 11 River Street Las Vegas, Co. Down. 89148-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.117	Nonpriority creditor's name and mailing address AU PAYS DU THE 9 Rue Peyrolieres Montgomery 77356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.118	Nonpriority creditor's name and mailing address Austin Leaf, LLC 717 Silver Wing Dr Seattle, TX 98103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.119	Nonpriority creditor's name and mailing address Auterra ESP LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Austin, Herts 78725-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.120	Nonpriority creditor's name and mailing address Authorized Wholesale Corp 25019 Bennett Pl Hamburg, PA DE 20355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.121	Nonpriority creditor's name and mailing address Automatic Venture, S.L. CALLE RIO SERPIS 25H PETREL Watford, SPAIN WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.122	Nonpriority creditor's name and mailing address AuvoriaPrime LLC 30 North Gould Street Suite R ALICANTE, WY 03610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123	Nonpriority creditor's name and mailing address Avida LLC 1407 Crenshaw Blvd, Suite 103 Sheridan, CA 82801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.124	Nonpriority creditor's name and mailing address Ayurvedic Pharmaceuticals Inc. 6512 US Highway 19 Madison, FL 53704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.125	Nonpriority creditor's name and mailing address Azure Remedies LLC 1906 Timber Cir Tampa, WA 33626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.126	Nonpriority creditor's name and mailing address Azure Wisp LLC 2912 N 111th Lane Everett, AZ 98203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.127	Nonpriority creditor's name and mailing address B & G Trading LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Miami, Herts 33193-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.128	Nonpriority creditor's name and mailing address B.A.M. Drainage Limited Clifton House, 10 Poole Hill Avondale, England 85392-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129	Nonpriority creditor's name and mailing address B2H LLC 304 Indian Trace #182 Bournemouth, FL BH2 5PS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.130	Nonpriority creditor's name and mailing address Baby Boomer Consulting LLC 1076 N 4150 W Weston, UT 33326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.131 Nonpriority creditor's name and mailing address

Baby Hooters LLC
1150 E Chestnut Ave
West Point, CA 84075

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.132 Nonpriority creditor's name and mailing address

Bailey, Kennedy, LLP
984 Spanish Ridge Avenue
Las Vegas, NV 89148

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.133 Nonpriority creditor's name and mailing address

Balck Bear Hemp LLC
3651 Lindell Rd Suite D585
Neward, NV 19713

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.134 Nonpriority creditor's name and mailing address

Banks and Co. LLC
621 nw 189 Terrace
Santa Ana, FL 92701

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.135 Nonpriority creditor's name and mailing address

Barend Haus Inc.
22 N 6th St
Dallas, NY 75219

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.136 Nonpriority creditor's name and mailing address

Bath By Bex LLC
668 W Dalton Ave.
Marietta, ID 30062

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.137 Nonpriority creditor's name and mailing address

BB Lifestyle LLC
27071 Cabot Road Suite 123
Coeur d'Alene, CA 83815

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

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Name

3.138 Nonpriority creditor's name and mailing address

BBGB LLC
3402 Flaming Candle Dr
Laguana Hills, TX 92653

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.139 Nonpriority creditor's name and mailing address

BCBDOO LLC
2205 W 136th Ave Suite 106-906
Barcelona, CO B 08018

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.140 Nonpriority creditor's name and mailing address

Be Frisque Ltd
17
Avenida Francesc Cambo, 1s floor
Spring, Spain 77388-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.141 Nonpriority creditor's name and mailing address

Be Well CBD Oil LLC
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Barcelona, Herts ES 08003

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.142 Nonpriority creditor's name and mailing address

Beachside Distributions LLC
21520 Yorba Linda Blvd G291
Watford, CA WD24 4YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.143 Nonpriority creditor's name and mailing address

Beaufort Kratom LLC
Aldgate Tower
2 Leman St Whitechapel
Yorba Linda, England 92887-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.144 Nonpriority creditor's name and mailing address

Beauty Grass LLLC
1020 Lake St Apt A
London, CA E1 8FA

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.145	Nonpriority creditor's name and mailing address Because I can S.L Travesia Del Mar N1, Gestoria Tur y Serr Venice, Spain 90291-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.146	Nonpriority creditor's name and mailing address BEE - OCH LLC 640 Pacific Avenue Austin, CO 78703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.147	Nonpriority creditor's name and mailing address Bee Delightful, LLC 2105 W 10th St Balears, TX 07820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.148	Nonpriority creditor's name and mailing address Believe GMBH 58 Donautalstra e Fort Lupton, Germany 80621-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.149	Nonpriority creditor's name and mailing address Bell Family Dispensary LLC 1000 N Walnut Street, Suite D Ulm, IN 89079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150	Nonpriority creditor's name and mailing address Bella Figura LLC 69 Canal Street Bloomington, Co. Down. 47404-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151	Nonpriority creditor's name and mailing address Bellarose Limited Gialtas 20, Ground Floor Newry, Limassol BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	T1 Payments, LLC Name _____	Case number (if known)	23-10290
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3.152	Nonpriority creditor's name and mailing address Belle and Company, Inc 3823 Ocean View Blvd Agios Nikolaos, CA 03100 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153	Nonpriority creditor's name and mailing address Bene Esse CBD Limited 11 Junction Road Montrose, England 91020-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154	Nonpriority creditor's name and mailing address Benni Botanicals, LLC 557 Eastwick Ln Stourbridge, IL DY8 1JU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155	Nonpriority creditor's name and mailing address Berkshire Farm Collective LLC 74 Cotton Mill HI Bartlett, VT 60103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.156	Nonpriority creditor's name and mailing address Besafer Limited 58 Winchester Court FL 4, Triq Karm Zerafa Brattleboro, Malta 05301-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.157	Nonpriority creditor's name and mailing address Best Fantasy Football League, LLC 112 Burren Road Birkirkara, Co. Down. BKR1710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.158	Nonpriority creditor's name and mailing address Beyond Botanicals Ltd Office 3 Unit R Penfold Works Trading Estate, Imperial W Newry, Herts BT34 3XT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.159 Nonpriority creditor's name and mailing address

**Beyond Wealth PTE LLC
807 E S Temple Ste 101
Watford, UT WD24 4YY**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.160 Nonpriority creditor's name and mailing address

**Beyond Wellness International Inc
256 S. Robertson
Salt Lake City, CA 84102**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.161 Nonpriority creditor's name and mailing address

**BH Brand LLC
11600 NW 34th Street
Beverly Hills, FL 90211**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.162 Nonpriority creditor's name and mailing address

**Bibi way s.r.o.
Prikop 843/4
Doral, Czech Republic 33178-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.163 Nonpriority creditor's name and mailing address

**Big Deal Ventures LLC
6271 nw 24 st
Brno, FL CZ 60200**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.164 Nonpriority creditor's name and mailing address

**Big Foot Products Inc
27702 Crown Valley Pkwy D-4 #195
Boca Raton, CA 33434**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.165 Nonpriority creditor's name and mailing address

**Big World Brands LLC
680 Mission St. #34L
Ladera Ranch, CA 92694**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.166	Nonpriority creditor's name and mailing address BigToe Ventures LLC 2114 Fort Street Watford, TN WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.167	Nonpriority creditor's name and mailing address Binetics Labs LLC 1A Erskine Street Valrico, Co. Down. 33596-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.168	Nonpriority creditor's name and mailing address Bio - Reigns, Inc 1740 H Dell Range Blvd 281 Atlanta, WY 30305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.169	Nonpriority creditor's name and mailing address Bio Management Resources 11 River Street Burbank, Co. Down. 91505-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.170	Nonpriority creditor's name and mailing address Bio-Reigns, Inc. 112 Burren Road Cheyenne, Co. Down. 82009-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.171	Nonpriority creditor's name and mailing address Bioanomaly Inc. 3606 W Magnolia Blvd San Francisco, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172	Nonpriority creditor's name and mailing address BioFit, Inc. 321 Cross Creek Road Newry, CO BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	T1 Payments, LLC Name _____	Case number (if known)	23-10290
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3.173	Nonpriority creditor's name and mailing address BioMD Plus LLC 1371 Sheffield Pkwy Brooklyn, GA 11249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.174	Nonpriority creditor's name and mailing address Bionatrol, LLC 1269 W Spencer Rd Hesperus, UT 81326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.175	Nonpriority creditor's name and mailing address Bios Biochemicals Corp 1a Erskine Street Newry, Co. Down. BT34 3XT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.176	Nonpriority creditor's name and mailing address BioSmart Research, Inc 115 Mare Street Newry, England BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.177	Nonpriority creditor's name and mailing address Bishop and Waters Consulting Group LLC. 1258 Woodrail Drive London, CA E8 4RU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.178	Nonpriority creditor's name and mailing address Bizztrek International Limited Unit 5 Dunnes Store Shopping Centre Green Road Vista 92083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.179	Nonpriority creditor's name and mailing address BKP Company, LLC 2915 Olgetown Portlaoise Co. Laoise, DE R32 HH66 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.180	Nonpriority creditor's name and mailing address Black Label Distributors LLC 20 Taylor ave Las Vegas, NJ 89103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.181	Nonpriority creditor's name and mailing address Black Panther CBD 165 C Weteringschans Business City, Netherlands Business Zip Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.182	Nonpriority creditor's name and mailing address Blackbird Creek Farms, LLC 898 Union Church Rd Mays Landing, DE 08330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.183	Nonpriority creditor's name and mailing address Blackwell CBD LLC 380 W 12300 S #101 Townsend, UT 19734 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.184	Nonpriority creditor's name and mailing address Bliss Herbal LLC 9016 N Morning Glory Rd Draper, AZ 84020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.185	Nonpriority creditor's name and mailing address Blissful Body LLC 20 10th St NW, Unit 1105 Paradise Valley, GA 85253 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.186	Nonpriority creditor's name and mailing address BLK Botanicals, LLC 11525 Midlothain Turnpike Suite 106A Atlanta, VA 30309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.187 Nonpriority creditor's name and mailing address

**Bloom Botanicals Inc.
64 Maple Street
Noth Chesterfield, ME 23235**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.188 Nonpriority creditor's name and mailing address

**Bloom Botanics Limited
6
St. Colmans Park
Gardiner, Northern Ireland 04345-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.189 Nonpriority creditor's name and mailing address

**Bloom by Dr. Love, Inc.
86
Carrer Tanger
Newry, Spain BT34 2BX**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.190 Nonpriority creditor's name and mailing address

**Blossom
Daguerrestraat 198
Barcelona, Amsterdam ES 08018**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.191 Nonpriority creditor's name and mailing address

**Blue Diamond Herbs, LLC
8029 Fairview Rd. Ste E
, NC 1087DJ**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.192 Nonpriority creditor's name and mailing address

**Blue Leaf Farms LLC
69
Canal Street
Mint Hill, Co. Down. 28227-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.193 Nonpriority creditor's name and mailing address

**Blue Moon Hemp Inc
3100 NW 32nd Ave, Ste 117
Newry, FL BT35 6JF**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.194 Nonpriority creditor's name and mailing address

Blue Moon Hemp Inc.
Room SF2 11-14
11-14 Newry Street
Boca Raton, Co. Down. 33431-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.195 Nonpriority creditor's name and mailing address

Bluegrass Botanic Inc.
3550 County Rd. 4
Newry, MN BT34 3JZ

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.196 Nonpriority creditor's name and mailing address

Bluman Media
19
Vauxhall Way
Newry, Bedfordshire BT35 6BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.197 Nonpriority creditor's name and mailing address

BMI Industries
7270 NE Crosscreek Rd
New York, OR 10017

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.198 Nonpriority creditor's name and mailing address

BMore Tobacco Outlet LLC
1730 Columbia Rd. NW
Dundee, DC 97115

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.199 Nonpriority creditor's name and mailing address

Bode Wellness LLC
1624 Market St Ste 226
Washington DC, CO 20009

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.200 Nonpriority creditor's name and mailing address

Body Action Health Ltd
31
Worcester St.
Denver, England 80202-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.201 Nonpriority creditor's name and mailing address

**Body and Fitness Group
21139 S Denker ave
Gloucester, CA GL1 3AJ**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.202 Nonpriority creditor's name and mailing address

**Body and Mind inc.
663 Tackett Loop
Torrance, TN 90501**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.203 Nonpriority creditor's name and mailing address

**Body and Soul Wellness, LLC
3092 Moss Landing Terrace
Caryville, CA 37714**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.204 Nonpriority creditor's name and mailing address

**Bold Ubiquitous Digital LTD
633 Arguello Blvd Num A
Fremont, CA 94538**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.205 Nonpriority creditor's name and mailing address

**BonaVibe LLC
69
Canal Street
San Francisco, Co. Down. 94118-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.206 Nonpriority creditor's name and mailing address

**Booked Travel Concepts
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
London, Herts EC1V 2NX**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.207 Nonpriority creditor's name and mailing address

**Boomerand Elite Inc
13-19
Neue Rothofstr.
Newry, Germany BT35 6JF**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.208	Nonpriority creditor's name and mailing address Boomerang Elite Inc. 13-19 Neue Rothofstr. Frankfurt, Germany DE 60313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.209	Nonpriority creditor's name and mailing address Boss Crew Collective LLC 5160 Van Nuys Blvd #629 Frankfurt, CA DE 60313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.210	Nonpriority creditor's name and mailing address Boss Crew Inc 5160 Van Nuys Blvd #629 Sherman Oaks, CA 91403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.211	Nonpriority creditor's name and mailing address Bota Holdings 1500 W Hampden Ste 150 Sherman Oaks, CO 91403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.212	Nonpriority creditor's name and mailing address Botanaway, Inc 2118 Lake Ave Denver, VA 80110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.213	Nonpriority creditor's name and mailing address Botanical Boulevard, LLC 834-F South Perry St #320 Richmond, CO 23230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.214	Nonpriority creditor's name and mailing address Boulder Vibes LLC 1135 Lincoln PL Castle Rock, CO 80104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.215 Nonpriority creditor's name and mailing address

BrandMyDispo, LLC
5135 Hickory Lane
Gilbert, OR 85233

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.216 Nonpriority creditor's name and mailing address

Brandon Shawn Swank
412 Mckinnon Rd
Newry, AZ BT35 6BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.217 Nonpriority creditor's name and mailing address

Braymoore Corp
650 Glenn Road
London, OH EC1A 2BN

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.218 Nonpriority creditor's name and mailing address

Breezy Trees Botanical, Inc.
219 3frt
Alameda das Linhas de Torres
Klamath Falls, Portugal 97601-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.219 Nonpriority creditor's name and mailing address

Bright Vibes LLC
1A
Erskine Street
London, Co. Down. N1 7GU

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.220 Nonpriority creditor's name and mailing address

Brighten Health LLC
1221 W 103rd St. #357
Lisboa, MO 1750-144

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.221 Nonpriority creditor's name and mailing address

Brightside CBD, LLC
2138 Bond St
Kansas City, CO 64114

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.222 Nonpriority creditor's name and mailing address

Broadcast Providers, LLC
4095 state road 7 suite L-188
Grand Junction, FL 81505

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.223 Nonpriority creditor's name and mailing address

Brown Family Nursery, LLC
6924 Bluewater Hwy
Wellington, MI 33449

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.224 Nonpriority creditor's name and mailing address

Brown, Brown & Premsrirut
520 South Fourth Street
Second Floor
Las Vegas, NV 89101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Legal ServicesIs the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.225 Nonpriority creditor's name and mailing address

BrownStone LLC
Office 3
Unit R Penfold Works
Manchester, Watford M40 8WN

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.226 Nonpriority creditor's name and mailing address

BT Remedies LLC.?
95 Mill Race Drive
Saranac, PA 48881

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.227 Nonpriority creditor's name and mailing address

Buddi INC
8961 Newcastle Ave
Langhorne, CA 19053

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.228 Nonpriority creditor's name and mailing address

Bullion Holdings, LLC
2012 Summerhook Court
Lafayette, VA 94549

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.229	Nonpriority creditor's name and mailing address Business Development Network, LLC 86 Carrer Tanger Steamboat Springs, Spain 80487-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.230	Nonpriority creditor's name and mailing address By Dzyne, Inc. 325 Front st #319 Broomfield, WY 80023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.231	Nonpriority creditor's name and mailing address Byron Bay Cannabis AU PTY LTD 8 Taunusanlage Manchester, Germany M3 3JE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.232	Nonpriority creditor's name and mailing address C - Z Products LLC 3570 E 12th Ave Camden, CO 19934 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.233	Nonpriority creditor's name and mailing address C and C Bottling Inc. 2350 Haitian drive unit 26 Evanston, FL 82930 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.234	Nonpriority creditor's name and mailing address C and C Enterprises 414 Sycamore Drive Clearwater, IN 33763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.235	Nonpriority creditor's name and mailing address California Wellness Concepts LLC 1A Erskine Street Los Altos, Co. Down. 94022-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.236	Nonpriority creditor's name and mailing address Called LLC 1A Erskine Street Newry, Co. Down. BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.237	Nonpriority creditor's name and mailing address Calyx Wellness Inc. John Dalton Street Newry, England BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.238	Nonpriority creditor's name and mailing address Campfire Sticks LLC 15 MacWhinnie Ln Edgewater, ME 80214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.239	Nonpriority creditor's name and mailing address Canafarma Corp 1013 Centre Road Suite 403S Rancho Cucamonga, DE 91730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.240	Nonpriority creditor's name and mailing address Canibrands USA HC Corp 1475 N Broadway Ste 410 Newry, CA BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.241	Nonpriority creditor's name and mailing address Canine Bio Dynamic INC 2001 Casa Grande Dr. Scottsdale, TX 85258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.242	Nonpriority creditor's name and mailing address Canine Wellness Lab LLC 8702 Via Linda Suite 110-71 Walnut Creek, AZ 94596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	T1 Payments, LLC Name _____	Case number (if known)	23-10290
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3.243	Nonpriority creditor's name and mailing address Canna Treehouse LLC 2295 Hawthorne Trace Austin, GA 78733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.244	Nonpriority creditor's name and mailing address Canna-Pet LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Denver, Herts 80224-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.245	Nonpriority creditor's name and mailing address Cannabliss Organic Office 3 Unit R Penfold Works Trading Estate, Imperial W Monroe, Herts 30655-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.246	Nonpriority creditor's name and mailing address CannaCan LLC 10701 Promenade Terrace Watford, TX WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.247	Nonpriority creditor's name and mailing address Cannago LTD 20-22 Wenlock Road McKinney, England 75072-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.248	Nonpriority creditor's name and mailing address Cannagroup Global Ltd. Kemp House 152-160 City Road London, England N1 7GU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.249	Nonpriority creditor's name and mailing address Cannamark Inc Room SF2, 11-14 Newry Street Barcelona, Co. Down. ES 08010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.250 Nonpriority creditor's name and mailing address

Cannaroo
5000 Linbar Drive, Suite 250
Watford, TN WD24 4YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.251 Nonpriority creditor's name and mailing address

CannaTech Labs LLC
1845 Beamreach Pl
Nashville, CO 37211

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.252 Nonpriority creditor's name and mailing address

Cannaviri Laboratories LTD
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Manitow Springs, Herts 80829-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.253 Nonpriority creditor's name and mailing address

Cannera Corp
2240 W Woolbright Rd # 204
Watford, FL WD24 4YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.254 Nonpriority creditor's name and mailing address

Canon Botanical Depot
419 Cactus Dr West
Boynton Beach, CO 33426

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.255 Nonpriority creditor's name and mailing address

Canoo Holdings LLC
361 17th St NW 2303
Cannon City, GA 81212

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.256 Nonpriority creditor's name and mailing address

Canopy Enterprise, LLC
219 3frt
Alameda das Linhas de Torres
Atlanta, Portugal 30363-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.257	Nonpriority creditor's name and mailing address Canovis Health Inc. 401 E Las Olas Blvd 130-128 Lisboa, FL 1750-144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.258	Nonpriority creditor's name and mailing address CanRelieve, LLC 1501 Hamburg Turnpike Fort Lauderdale, NJ 33301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.259	Nonpriority creditor's name and mailing address Canvas 1839 Inc 910 S. Dexter Street Wayne, CO 07470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.260	Nonpriority creditor's name and mailing address Capitol Enterprises, LLC 2802 Baker Dr Denver, WY 80246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.261	Nonpriority creditor's name and mailing address Cardinal Online Ventures Ltd 9 Thorney Leys Park Cody, Oxfordshire 82414-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.262	Nonpriority creditor's name and mailing address Carlsbad Naturals LLC 1712 Pioneer Ave Newry, WY BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.263	Nonpriority creditor's name and mailing address Carol Nester Mailbox 6000-6060 6 St. Colmans Park Daytona Beach, Co. Down. 32114-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.264	Nonpriority creditor's name and mailing address Carolina Distributors, LLC 760 Lancaster Rd Witney, GA OX28 4GE Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.265	Nonpriority creditor's name and mailing address Carolyn Virostek 521 Clifton Ave Kyustendil, PA BG 2500 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.266	Nonpriority creditor's name and mailing address Carson Online LLC 1653 E Spur Street Barcelona, AZ B 08018 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.267	Nonpriority creditor's name and mailing address CB Datsby Inc 11818 Race Track Rd Agusta, FL 30909 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.268	Nonpriority creditor's name and mailing address CB Scientific Office 3 Unit R Penfold Works Trading Estate, Imperial W Los Angeles, Herts 90034-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.269	Nonpriority creditor's name and mailing address CBD & CBN Limited 20-22 Wenlock Road Tampa, England 33626-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.270	Nonpriority creditor's name and mailing address CBD Box Direct LLC No. 1 Spinningfields Quay Street Newry, England BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.271	Nonpriority creditor's name and mailing address CBD Care LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Newry, Herts BT34 2BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.272	Nonpriority creditor's name and mailing address CBD Costa Del Sol Lab, S.L. 6 5F Calle Notario Luis Oliver Suite 1 Watford, Spain WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.273	Nonpriority creditor's name and mailing address CBD Distribution LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Marbella, Herts ES 29600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.274	Nonpriority creditor's name and mailing address CBD FLA Inc. 2973 West State Road 434, Suite 200 Newry, FL BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.275	Nonpriority creditor's name and mailing address CBD Holdings LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Clearwater, Herts 33763-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276	Nonpriority creditor's name and mailing address CBD Infusions LLC 1167 W 12th St # 3 Newry, UT BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.277	Nonpriority creditor's name and mailing address CBD Labs LLC Cobwood Lodge Burnt House Lane Ogden, West Sussex 84404-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.278 Nonpriority creditor's name and mailing address

CBD Medical LLC.**11****River Street****Las Vegas, Co. Down. 89169-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.279 Nonpriority creditor's name and mailing address

CBD Mega Warehouse**11****River Street****Newry, Co. Down. BT34 2DQ**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.280 Nonpriority creditor's name and mailing address

CBD Stop Stress Naturally Inc.**20 Hopmeadow Place****Richardson, CT 75080**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.281 Nonpriority creditor's name and mailing address

CBD Technologies**16443 E Tennessee Ave.****Simsbury, CO 06070**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.282 Nonpriority creditor's name and mailing address

CBD Vape Genius LLC**76-18 Grand Central Parkway Apt 2F****Watford, NY WD24 4YY**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.283 Nonpriority creditor's name and mailing address

CBD Wellness Depot**1a****Erskine Street****Wolverhampton, Co. Down. WV6 7EZ**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.284 Nonpriority creditor's name and mailing address

CBD Wellness Labs LLC**2572 Regal River Rd****Newry, FL BT35 6BX**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	T1 Payments, LLC Name _____	Case number (if known)	23-10290
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3.285	Nonpriority creditor's name and mailing address CBDaily LLC 250 Lemon Rd Newry, NJ BT35 6BX Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.286	Nonpriority creditor's name and mailing address CBDCare4 Inc. 1261 Locust St # 2323 Farmingdale, CA 07727 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.287	Nonpriority creditor's name and mailing address CBDD LTD 7 Granard Business Centre, Bunns Lane, Mil Walnut Creek, England 94596-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.288	Nonpriority creditor's name and mailing address CBDLAnd Unit 1 Bentley Court Wexford Road Cowfold, Horsham, Ireland RH13 8DQ Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.289	Nonpriority creditor's name and mailing address CBDMN, LLC 14329 Allen Drive San Diego, MN 92123 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290	Nonpriority creditor's name and mailing address CBX Essentials, LLC 1595 Meadow Wood Lane Seatac, NV 98168 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.291	Nonpriority creditor's name and mailing address CC Wholesale LLC 420 McKinley st Reno, CA 89502 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.292 Nonpriority creditor's name and mailing address

CCCH Management
100 E MACARTHUR BLVD #158
St. Petersburg, CA 33701

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.293 Nonpriority creditor's name and mailing address

CCKC Corporation
916 Santiago Ave
Corona, CA 92879

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.294 Nonpriority creditor's name and mailing address

CDG Innovations LLC
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Long Beach, Herts 90804-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.295 Nonpriority creditor's name and mailing address

Celesta Organics LLC
5 Aquidneck Court
Concord, RI 04520

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.296 Nonpriority creditor's name and mailing address

Cellements Europe OU
Katusepapi 4
Jamestown 02835

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.297 Nonpriority creditor's name and mailing address

Celtic CBD Limited
16
Road 2 Muirhevnamore Dundalk
Tallin, Ireland 11412-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.298 Nonpriority creditor's name and mailing address

CFN Enterprises, Inc
600 East 8th Street
Watford, MT WD24 4YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.299 Nonpriority creditor's name and mailing address

CGIP LLC**1109 SW First Ave. Ste. F 610
Stanwood, OR 98292**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.300 Nonpriority creditor's name and mailing address

CGX DNA TESTING LLC**1441 Pine Street
Watford, CA WD24 4YY**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.301 Nonpriority creditor's name and mailing address

ChainScale, Inc**883 N. Shoreline Blvd, D210
Napa, CA 94559**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.302 Nonpriority creditor's name and mailing address

Chakra Enterprises LLC**323 E. Wacker Dr. #420
Mountain View, IL 94043**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.303 Nonpriority creditor's name and mailing address

Chakra Health Foods LLC**4210 E. Los Angeles Ave.
Chicago, CA 60601**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.304 Nonpriority creditor's name and mailing address

Changing The Future Outcome Inc.**1325 Airmotive Way, Suite 175-S
Boca Raton FL 33434, NV 33434**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.305 Nonpriority creditor's name and mailing address

Channel Supply Experts LLC**Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Simi Valley, Herts 93063-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor	T1 Payments, LLC Name	Case number (if known)	23-10290
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3.306	Nonpriority creditor's name and mailing address Charmed Supplements LLC 8 Taunusanlage Watford, Germany WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.307	Nonpriority creditor's name and mailing address Charms and Bangles LLC 16 Lakewood Dr. Frankfurt, CT DE 60329 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.308	Nonpriority creditor's name and mailing address Chi Media Office 3 Unit R Penfold Works Trading Estate, Imperial W Watford, Herts WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.309	Nonpriority creditor's name and mailing address Chillaxy, LLC 3 Eichhornstra e Newry, Germany BT34 2BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.310	Nonpriority creditor's name and mailing address Chilled Black Dog LLC 549 N 71st Street Toulouse, WA 31000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.311	Nonpriority creditor's name and mailing address Chilled SAS 14 Rue Vineuse Berlin, France BE 10785 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312	Nonpriority creditor's name and mailing address CHINESEHEMPOIL.COM, INC 227 West Valley Blvd, Ste # 208B San Gabriel, CA 91776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.313 Nonpriority creditor's name and mailing address

ChineselInvestors.com, Inc.
227 W Valley Blvd #208A
Paris, CA 75116

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.314 Nonpriority creditor's name and mailing address

Choice Botanicals, LLC
4800 W 34th St Suite B1
San Gabriel, TX 91776

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.315 Nonpriority creditor's name and mailing address

Christopher`s Organic Botanical, LLC
257 Cedar St
Houston, NJ 77092

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.316 Nonpriority creditor's name and mailing address

Chronix LLC
550 Kinderkamack Road
Carney Point, NJ 08069

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.317 Nonpriority creditor's name and mailing address

CHS Sales LLC
3439 SW Scholls Ferry Rd
Oradell, OR 07649

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.318 Nonpriority creditor's name and mailing address

Cisneros Enterprise Inc
7528 W Sunset Blvd
Whittier, CA 90606

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.319 Nonpriority creditor's name and mailing address

Citroso, LLC
1003 Bishop St Ste 1600
Portland, HI 97221

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor	T1 Payments, LLC Name _____	Case number (if known)	23-10290
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3.320	Nonpriority creditor's name and mailing address City and Sea Trading LLC P.O. Box 8202 Honolulu, CA 96813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.321	Nonpriority creditor's name and mailing address City Wifi, Inc. N Wall Quay Long Beach, Ireland 90808-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.322	Nonpriority creditor's name and mailing address Cloudpay Technologies Inc 1 Elmfield Avenue, Warrenpoint McKinney, Co. Down. 75071-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.323	Nonpriority creditor's name and mailing address Cloudspring LLC 2511 Terlingua Drive Barcelona, TX B 08018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.324	Nonpriority creditor's name and mailing address CLS Limited Co 28182 Palmada Cedar Park, CA 78613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.325	Nonpriority creditor's name and mailing address Club BizSmart LLC 835 W Warner Rd Ste 473 Mission Viejo, AZ 92692 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.326	Nonpriority creditor's name and mailing address CMB Diversified INC 757 SE 17th Stret #289 Del Mar, FL 92014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.327 Nonpriority creditor's name and mailing address

**Coach`s Reserve, LLC
1940 Vitae Place
Gilbert, CA 85233**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.328 Nonpriority creditor's name and mailing address

**Coast to Coast Natural INC
3361 Fairlane Farms Rd.
Costa Mesa, FL 92626**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.329 Nonpriority creditor's name and mailing address

**Coastal CBD LTD
1416 Camp Road Unit C
Wellington, SC 33414**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.330 Nonpriority creditor's name and mailing address

**Coastline Kratom, LLC
106 Countryside St.
Charlestown, NC 29412**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.331 Nonpriority creditor's name and mailing address

**Color Up LLC
2191 S Broadway
Supply, CO 28462**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.332 Nonpriority creditor's name and mailing address

**Colorado Vape LLC
742A MANITOU AVE
Fort Collins, CO 80524**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.333 Nonpriority creditor's name and mailing address

**Colorado West Hemp LLC
2076 Ferree Drive
Denver, CO 80210**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.334 Nonpriority creditor's name and mailing address

Common Ground LLC
6706 S Biloxi Ct
Grand Junction, CO 81507

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.335 Nonpriority creditor's name and mailing address

Commonwealth Extracts LLC
Office 3 Unit R
Penfold Works, Imperial Way
Aurora, Herts 80016-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.336 Nonpriority creditor's name and mailing address

Complete Rapha Nutrition LLC
20817 Hague Road #1007
Watford, IN WD244YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.337 Nonpriority creditor's name and mailing address

Comprehensive Business Developers, LLC
20801 Biscayne Blvd #307
Noblesville, FL 46062

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.338 Nonpriority creditor's name and mailing address

Conik LLC
6427 West Highway 146 Ste 4
Aventura, KY 33180

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.339 Nonpriority creditor's name and mailing address

Connect MD Now II, LLC
1230 N Ocean Blvd
Crestwood, FL 40014

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.340 Nonpriority creditor's name and mailing address

ConneXionONE Communications Inc
32679 Kenita Way
Gulf Stream, CA 33483

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor	T1 Payments, LLC Name	Case number (if known)	23-10290
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3.341	Nonpriority creditor's name and mailing address Convenience and Smoke Spot, LLC 1074 West South Jordan Parkway Union City, UT 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.342	Nonpriority creditor's name and mailing address Cool Pods, LLC 510 5th Avenue - Floor 3 South Jordan, NY 84095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.343	Nonpriority creditor's name and mailing address Cornerstone Botanicals Distribution LLC 5763 Round Rock Ct New York, CO 10036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.344	Nonpriority creditor's name and mailing address CorVive LLC 6505 W Park Blvd 306-330 Fort Collins, TX 80528 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.345	Nonpriority creditor's name and mailing address Country Express Pty (N.I.) LTD 112 Burren Road, Warrenpoint Plano, Co. Down 75093-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.346	Nonpriority creditor's name and mailing address Cover Team Direct Limited Woodland Place, Hurricane Way Newry, England BT34 3XT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.347	Nonpriority creditor's name and mailing address Cover Utility Team Limited 198 Avenue De France Wickford, France SS11 8YB Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.348 Nonpriority creditor's name and mailing address

**Cox Agriculture, LLC
81763 Christmas Tree Rd
Paris, OR FR 75013**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.349 Nonpriority creditor's name and mailing address

**CPGIO Ventures, LLC
1150A N Swift Rd
Raleigh, IL 27604**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.350 Nonpriority creditor's name and mailing address

**CR World Corp
695 Central Ave
Seaside, FL 97138**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.351 Nonpriority creditor's name and mailing address

**Credit Camp LLC
120 Baldwin Ave #790781
SANTA ANA, HI 92707**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.352 Nonpriority creditor's name and mailing address

**Crenue, LLC
222 N. Pacific Coast Highway Suite 2000
Paia, CA 96779**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.353 Nonpriority creditor's name and mailing address

**CricBattle Inc
3
Axel-Springer-Platz
El Segundo, Germany 90245-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.354 Nonpriority creditor's name and mailing address

**Crowdfunding Guaranteed, LLC
3743 Yorktown Village Pass
Hamburg, VA HA 20355**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.355	Nonpriority creditor's name and mailing address Crowhill LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Boca Raton, Herts 33496-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.356	Nonpriority creditor's name and mailing address Crush Global LLC 2195 Watterson Trail Watford, KY WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.357	Nonpriority creditor's name and mailing address Crystal Creek Organics LLC 1759 Saint Mary Ave Louisville, FL 40299 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.358	Nonpriority creditor's name and mailing address Crystal Mountain Labs INC 9858 Glades Road #221 Pensacola, FL 32501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.359	Nonpriority creditor's name and mailing address Cupids Potion Inc 16308 Hillside Ave Reno, NY 89502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.360	Nonpriority creditor's name and mailing address Cura Wellness LLC 69 Canal Street South Jordan, Co. Down. 84095-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.361	Nonpriority creditor's name and mailing address Curagenics LLC 1B Erksine Street Hamaica, Co. Down 11432-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.362 Nonpriority creditor's name and mailing address

Curaleaf KY Inc.
1A
Erskine Street
Newry, Co. Down. BT35 6BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.363 Nonpriority creditor's name and mailing address

Curatio LLC
789 Saxony Road Unit A
Newry, CA BT35 6BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.364 Nonpriority creditor's name and mailing address

Cure Based Development LLC
3753 Howard Hughes Pkwy
London, NV EC2N 2QP

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.365 Nonpriority creditor's name and mailing address

Cured Nutrition LLC
2525 Arapahoe Ave Suite E4-441
Encinitas, CO 92024

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.366 Nonpriority creditor's name and mailing address

Current Naturals LLC
405 north Jefferson ave
Boulder, MO 80302

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.367 Nonpriority creditor's name and mailing address

Custics
N Wall Quay
springfield, Ireland 65806-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.368 Nonpriority creditor's name and mailing address

CV Sciences--Wholesale
72
High Street
Cleveland, Surrey 44113-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.369	Nonpriority creditor's name and mailing address CVBotanics Inc. 700 Sleater Kinney RD SE B-268 Dublin, WA D D1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.370	Nonpriority creditor's name and mailing address Cyclops Net, Inc. 2140 S Dupont Highway Lacey, DE 98503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.371	Nonpriority creditor's name and mailing address D & R Vape PTY LTD 115 Mare Street Denver, England 80206-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.372	Nonpriority creditor's name and mailing address D.N.G FZE 115 Mare Street Roseland, England 07068-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.373	Nonpriority creditor's name and mailing address DabJuice Inc 3921 E. Livingston Drive #2 Watford, CA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.374	Nonpriority creditor's name and mailing address DaCrema Botanicals LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W London, Herts E8 4RU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.375	Nonpriority creditor's name and mailing address Dagaz LLC 1550 W Horizon Ridge Pkwy R. Suite 553 Long Beach, NV 90803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.376	Nonpriority creditor's name and mailing address Dakag Holdings Inc Office 3 Unit R Penfold Works Trading Estate, Imperial W Pembroke Pines, Herts 33028-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.377	Nonpriority creditor's name and mailing address Damn Skippy LLC 1901 Wickford Road Henderson, NJ 89012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.378	Nonpriority creditor's name and mailing address Danchex Solutions Limited 198 Avenue De France Frankfurt, France DE 60313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.379	Nonpriority creditor's name and mailing address Dashuri World Inc. 601 East Hortter Place South Plainfield, PA 07080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.380	Nonpriority creditor's name and mailing address Dasy LLC 2035 NW 23rd Avenue Philadelphia, FL 19119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.381	Nonpriority creditor's name and mailing address DBE Solutions LLC 12929 Moorpark St Apt 3 Miami, CA 33142 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.382	Nonpriority creditor's name and mailing address DBZ Enterprises, LLC 323 S Bracken Ln Studio City, AZ 91604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.383 Nonpriority creditor's name and mailing address

Deak Organization LLC
6520 Platt Ave Suite 947
Portland, CA 97239

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.384 Nonpriority creditor's name and mailing address

Delaware CBD, LLC
8103 Governor Printz Blvd
Chandler, DE 85224

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.385 Nonpriority creditor's name and mailing address

Delta Wellness, LLC
444
Diagonal
Owings Mills, Spain 21117-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.386 Nonpriority creditor's name and mailing address

Dennis Fenneran
Office 3 Unit R
Penfold Works, Imperial Way
Annandale, Herts 22003-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.387 Nonpriority creditor's name and mailing address

Denver Marketing Co LLC
8235 E. 96th Street, Suite 110
Barcelona, IN ES 08008

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.388 Nonpriority creditor's name and mailing address

Desert Lake Group LLC
6975 Union Park Ave
Indianapolis, UT 46256

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.389 Nonpriority creditor's name and mailing address

DeVos Designs LLC
2522 Lampasas Ave.
Cottonwood Heights, TX 84047

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.390 Nonpriority creditor's name and mailing address

Dex Sales LTD
Flat 20
Gordon Lodge
Dallas, England 75233-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.391 Nonpriority creditor's name and mailing address

DHD Enterprises Inc
1312 17th St. #624
London, CO N16 5UY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.392 Nonpriority creditor's name and mailing address

Digital Cloud
21827 124th Ave SE
Newry, WA BT35 6BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.393 Nonpriority creditor's name and mailing address

Digital Cloud Marketing LLC.
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Kent, co. Down. 98031-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.394 Nonpriority creditor's name and mailing address

Digittopia Inc
Mailbox 9000-9060
1 Courtney Hill, Abby Yard Studios
Ft. Lauderdale, Co. Down. 33312-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.395 Nonpriority creditor's name and mailing address

Discover Health INC
685 Citadel Dr. #555-40
Springdale, CO 72762

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.396 Nonpriority creditor's name and mailing address

Disposable Vapers LLC
2093 Philadelphia Pike #4605
Colorado Springs, DE 80909

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.397 Nonpriority creditor's name and mailing address

Distinct Nature LLC
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Claymont, Herts 19703-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.398 Nonpriority creditor's name and mailing address

Distributing Wellness LLC
Room SF2 11-14
Newry Street
Watford, Co. Down. WD244YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.399 Nonpriority creditor's name and mailing address

District Hemp Botanicals
1b
Erskine Street
Newry, Co. Down. BT34 3JZ

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.400 Nonpriority creditor's name and mailing address

Diversified Strategies LLC.
69
Canal Street
Newry, Co. Down. BT35 6BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.401 Nonpriority creditor's name and mailing address

DM Industries LLC
2961 W MacArthur Blvd Ste 122
Newry, CA BT35 6JF

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.402 Nonpriority creditor's name and mailing address

DMG PrimeMyBody.com LLC
1501 LBJ Freeway Suite 500
Santa Ana, TX 92704

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.403 Nonpriority creditor's name and mailing address

DNA, LLC
636 43rd Ave N
Dallas, FL 75234

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	T1 Payments, LLC Name _____	Case number (if known)	23-10290
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3.404	Nonpriority creditor's name and mailing address DoGuds LLC 30 N Gould St. Ste R Hollywood, WY 33020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.405	Nonpriority creditor's name and mailing address Dollar380 LLC 12223 Highland Ave Suite 106-373 Irving, CA 75038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.406	Nonpriority creditor's name and mailing address Donald H. Cross Office 3 Unit R Penfold Works Trading Estate, Imperial W Louisville, Herts 44641-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.407	Nonpriority creditor's name and mailing address Donamis II s.r.o Krakovsk 1366/25 Sheridan, Prague 82801-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.408	Nonpriority creditor's name and mailing address Dope Blends, LLC 2555 S Barrington Ave Morganville, CA 07751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409	Nonpriority creditor's name and mailing address Double Minors LLC 803 Wagon Wheel Lane Lebanon, PA 17046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.410	Nonpriority creditor's name and mailing address Dr Neurobiologix Management LLC 13376 N Highway 183 Ste 126 Barcelona, TX ES 08039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.411	Nonpriority creditor's name and mailing address Dr. Vape Group LLC 305 Boyd St Las Vegas, CA 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.412	Nonpriority creditor's name and mailing address DRAGONTREE APOTHECARY, LLC 2768 NW THURMAN ST. Los Angeles, OR 90013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.413	Nonpriority creditor's name and mailing address DrCBDBeans, LLC 220 West Scott Str Unit B Portland, IL 97210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.414	Nonpriority creditor's name and mailing address Driftless Dreams LLC 4230 East Towne Blvd #367 Chicago, WI 60610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.415	Nonpriority creditor's name and mailing address Drippers Vape Shop, LLC 112 Burren Road New Port Richey, Co. Down. 34652-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.416	Nonpriority creditor's name and mailing address Drockton Bullion LLC 604 N 1280 E Newry, UT BT34 3XT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.417	Nonpriority creditor's name and mailing address DSMB Group LLC 11301 Farrah Lane #332 Spanish Fork, TX 84660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	T1 Payments, LLC Name _____	Case number (if known)	23-10290
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3.418	Nonpriority creditor's name and mailing address DT Brands and Co 1240 6th Street #C Austin, CA 78748 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.419	Nonpriority creditor's name and mailing address DWW Holdings 47 N Seasons Trace Mahtowa, TX 55707 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.420	Nonpriority creditor's name and mailing address Dynamic Trading Enterprises LLC 69 Canal Street Berkeley, Co. Down. 94710-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.421	Nonpriority creditor's name and mailing address Dynamics Resolved Inc 6601 N Richmond Newry, IL BT35 6JF Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.422	Nonpriority creditor's name and mailing address Dynotron Inc. 411 Lawndale Drive Suite C Chicago, UT 60645 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.423	Nonpriority creditor's name and mailing address Dysonwolfe, LTDLC 4730 Blue Diamond Rd Ste #135 Newry, NV BT34 3JZ Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.424	Nonpriority creditor's name and mailing address E Hookah LLC 7 Easter Ct Suite H Claymont, MD 19703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor T1 Payments, LLC Name _____	Case number (if known) 23-10290
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3.425	Nonpriority creditor's name and mailing address E Pluribus Unum Collective LLC 30 N Gould Ste 4000 Watford, WY WD244YY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.426	Nonpriority creditor's name and mailing address Eaconomy LLC 76 W. Palo Alto Ave La Crescenta, CA 91214 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.427	Nonpriority creditor's name and mailing address Earth Buddy's Pet LLC 3206 S Dahlia St Clovis, CO 93612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.428	Nonpriority creditor's name and mailing address Earth Medicine Inc. 703 Pier Ave, Suite B631 Denver, CA 80222 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.429	Nonpriority creditor's name and mailing address Earth Milk Inc 1 Elmfield Avenue, Warrenpoint Hermosa Beach, Co. Down. 90254-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.430	Nonpriority creditor's name and mailing address Earth Science Tech Inc. 8000 NW 31st Street, Unit 19 Newry, FL BT343HQ Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.431	Nonpriority creditor's name and mailing address Earthborn Inc John Dalton Street Doral, England 33122-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	T1 Payments, LLC	Case number (if known)	23-10290
3.432	Nonpriority creditor's name and mailing address Earthy Kiss Limited John Dalton Street Manchester, England M2 6DS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.433	Nonpriority creditor's name and mailing address Easy Filing LTD 74 Granville Place High Road Manchester, England MAN M2 6DS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.434	Nonpriority creditor's name and mailing address Ecigdis Ltd 61-105 Weesperstraat London, Netherlands N12 0AY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.435	Nonpriority creditor's name and mailing address Ecom Revolution LLC 2405 Butler Hill Rd Amsterdam, LA AM 1018VN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.436	Nonpriority creditor's name and mailing address Eden Partners LLC 1 Devonshire Street Benton, Langham 71006-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.437	Nonpriority creditor's name and mailing address EH1 LLC 2621 San Mateo Blvd #C London, NM W1W 5DS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.438	Nonpriority creditor's name and mailing address EIR Holdings Limited Partnership Pra a Duque De Saldanha 1Ed Atrium Saldanha New Orleans, Portugal 70115-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.439 Nonpriority creditor's name and mailing address

**EJ3 Corp
4444 Brittany Drive
Albuquerque, IL 87110**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.440 Nonpriority creditor's name and mailing address

**EJM Investments Inc
8
Taunusanlage
Leslie, Germany 60532-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.441 Nonpriority creditor's name and mailing address

**Eldew Digital Ltd
27
Old Gloucester Street
Frankfurt, England DE60329**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.442 Nonpriority creditor's name and mailing address

**Elevare Skin, LLC
21800 burbank
ste 130
Plano, CA 75075**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.443 Nonpriority creditor's name and mailing address

**Elevated & Co Pty LTD
198
Avenue De France
Woodland Hills, France 91367-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.444 Nonpriority creditor's name and mailing address

**Eli Keaton LLC
PO Box 1050
Paris, HI 75 75013**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.445 Nonpriority creditor's name and mailing address

**Eliezer Katz DBA Pet Serene
11
river Street
Littleton, Co. Down. 80120-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.446 Nonpriority creditor's name and mailing address

Elite Global Plus, LLC
1431 Ocean Ave Unit 308
Lawai, CA 96765

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.447 Nonpriority creditor's name and mailing address

Elite Products International Inc.
8400 W Oakland Park Blvd, Suite 300
Santa Monica, FL 90401

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.448 Nonpriority creditor's name and mailing address

Elixinol BV
7
wilson Business Park, Monsall Road
Broomfield, England 80020-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.449 Nonpriority creditor's name and mailing address

Elixinol LLC
555 Burbank St Unit J
Sunrise, CO 33351

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.450 Nonpriority creditor's name and mailing address

ElleVet Sciences LLC
69
Canal Street
manchester, Co. Down. M40 8WN

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.451 Nonpriority creditor's name and mailing address

Ellis Owen LTD
61-105
Weesperstraat
Newry, Netherlands BT35 6JF

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.452 Nonpriority creditor's name and mailing address

ELS Universal LLC
1500 W Hampden Ave Ste 5G
Boulder, CO 80304

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.453	Nonpriority creditor's name and mailing address Emerald Botanical Oils, Inc. 13304 Allison Ranch Road Amsterdam, CA AM 1018VN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.454	Nonpriority creditor's name and mailing address Emerald Essentials LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Grass Valley, Herts 95849-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.455	Nonpriority creditor's name and mailing address Emerald Forest Holdings, Inc 5170 Golden Foothill Pkwy Watford, CA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.456	Nonpriority creditor's name and mailing address Emmek LLC PO Box 402 EI Dorado, CO 95762 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.457	Nonpriority creditor's name and mailing address EMPUROS, Inc 752 West End Ave Suite 12B Dillion, NY 80435 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.458	Nonpriority creditor's name and mailing address EMRIS International Holdings, LLC 1881 79th St. Cswy New York, FL 10025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.459	Nonpriority creditor's name and mailing address En Garde Labs 512 E 1860 S. Nov M?sto, UT 110 00 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.460	Nonpriority creditor's name and mailing address Endotonix Limited 11 & 12F, Wing on Plaza 62 Mody Road North Bay Village 33141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.461	Nonpriority creditor's name and mailing address Energy Acumen Corp 4175 E La Palma Ave Ste 205 Tsim Sha Tsui, CA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.462	Nonpriority creditor's name and mailing address Enhancd, LLC 30 N Gould Street Ste 4701 Anaheim, WY 92807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.463	Nonpriority creditor's name and mailing address Enhance You Ltd 72 Gartside Street Sheridan, England 82801-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.464	Nonpriority creditor's name and mailing address Eqova Life Sciences LLC 112 Burren Road Manchester, Co. Down. M3 3EL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.465	Nonpriority creditor's name and mailing address eSolutions Network LLC 0889 S 1000 E Palm Beach Gardens, UT 33418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.466	Nonpriority creditor's name and mailing address ESP Holding WA Pty Ltd ITF Earth Star Tr 13-19 Neue Rothofstr. SANDY, Germany 84094-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.467 Nonpriority creditor's name and mailing address

Essential Enterprises LLC
11
river Street
Fort Wayne, Co. Down. 46898-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.468 Nonpriority creditor's name and mailing address

Essential Enterprises LLC.
PO Box 80362
Paris, IN 75 75013

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.469 Nonpriority creditor's name and mailing address

Essential MI LLC
7 Wilson Business Park
Monsall Road,
Newry, England BT34 2DQ

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.470 Nonpriority creditor's name and mailing address

Essential Oil Gear LLC
6180 N Hollywood Blvd Suite 108
Golden, NV 80401

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.471 Nonpriority creditor's name and mailing address

Etanicals, LLC
3280 E Hemisphere Loop STE 190
Manchester, AZ M40 8WN

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.472 Nonpriority creditor's name and mailing address

Ethos Natural Medicine LLC
401 Ryland St #200A
Tucson, NV 85706

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.473 Nonpriority creditor's name and mailing address

Eufhoria Medical of TN, Inc.
725 Shady Lane
Reno, TN 89502

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor	T1 Payments, LLC	Case number (if known)	23-10290
Name			
3.474	Nonpriority creditor's name and mailing address European Vape Distribution Ltd Unit 22A Airport Industrial Estate Germantown, England 20874-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.475	Nonpriority creditor's name and mailing address Eurospice LLC 1A Erskine Street San Diego, Co. Down. 92121-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.476	Nonpriority creditor's name and mailing address Eva Care By Dane LLC 90 Vantis Drive #2076 Newcastle upon Tyne, CA NE3 2EF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.477	Nonpriority creditor's name and mailing address Even LLC 2019 W Canyon Dr Paris, ID 75 75013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.478	Nonpriority creditor's name and mailing address Ever E-commerce Group LTD 27 Old Gloucester Street Aliso Viejo, England 92656-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.479	Nonpriority creditor's name and mailing address Everest Onix LLC 55 Donaghaguy Road, Warrenpoint London, Co. Down WC1N 3AX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.480	Nonpriority creditor's name and mailing address EverFirst Services OU 3 Korvus, Metro Plaza, Viru v Ijak 2 Newry, Estonia BT34 3PR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.481 Nonpriority creditor's name and mailing address

Evergene LTD
10
Juniper Close
Tallinn 10111

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.482 Nonpriority creditor's name and mailing address

Every Day Optimal LLC
1785 E. Sahara Ave. Ste 490-1255
Sale, NV M33 6JT

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.483 Nonpriority creditor's name and mailing address

Evolved Ayurvedic Discoveries Inc.
11
River Street
Denver, Co. Down. 80204-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.484 Nonpriority creditor's name and mailing address

Evolver Holdings Corp
301 Elizabeth Street
Medvode, NY SI 1215

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.485 Nonpriority creditor's name and mailing address

EvoSolutions, Inc
13876 SW 56th St Unit 184
Newry, FI BT34 2DQ

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.486 Nonpriority creditor's name and mailing address

EVR Biosciences Ltd
N Wall Quay
Miami, Ireland 33175-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.487 Nonpriority creditor's name and mailing address

Excite Consalting Ltd
27
Sirakova Mahala Str.
Pasco, Bulgaria 99301-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.488 Nonpriority creditor's name and mailing address

Exponent Research, LLC
3137 Tiger Run Ct
Suite 113
Glenshaaw, CA 15116

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.489 Nonpriority creditor's name and mailing address

Express Management Plus Inc
No. 1 Spinningfields
Quay Street
Carlsbad, England 92010-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.490 Nonpriority creditor's name and mailing address

Extract Wellness LLC
1415 Bardstown Rd
Manchester, KY M3 3JE

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.491 Nonpriority creditor's name and mailing address

F and G Collective LLC
507 1/2 King Street
Louisville, SC 40204

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.492 Nonpriority creditor's name and mailing address

F2P Industries Inc.
1b
Erksine Street
Charleston, Co. Down. 29403-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.493 Nonpriority creditor's name and mailing address

Fab Nutrition LLC
1701 N Lois Ave Unit 304
Newry, FL BT35 6BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.494 Nonpriority creditor's name and mailing address

Falaco Real Estate LLC
1939 Hollywood Blvd
Austin, FL 78750

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.495 Nonpriority creditor's name and mailing address

Farid Rahimli LLC
3537 Pavillion Palms Circle
Downet, FL 90241

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.496 Nonpriority creditor's name and mailing address

Farma Logix LLC
440 N Andrews Ave
Amsterdam, FL AM 1017XD

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.497 Nonpriority creditor's name and mailing address

Farmaceutical Partners, LLC
PO Box 2808
Dublin, TN D02 XE80

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.498 Nonpriority creditor's name and mailing address

Fermion International, LLC
2135 Oregon St
Westminister, CA 92683

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.499 Nonpriority creditor's name and mailing address

FFL INC
11
River Street
Pittsburg, Co. Down 15233-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.500 Nonpriority creditor's name and mailing address

Fight Age Labs LLC
177 Huntington Ave Ate 179294
Newry, MA BT34 2EA

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.501 Nonpriority creditor's name and mailing address

First Capital Venture Co
3531 Griffin Road
Denver, FL 80202

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.502 Nonpriority creditor's name and mailing address

**First Choice Group Inc
455 Cresta Circle
Barcelona, FL ES 08018**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.503 Nonpriority creditor's name and mailing address

**Fisher Island Organics LLC
460 Sawgrass Pl
Boulder, FL 80304**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.504 Nonpriority creditor's name and mailing address

**Fit and Health Solutions LLC
2414 harbor blvd #201
Boston, CA 02115**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.505 Nonpriority creditor's name and mailing address

**Fit Organics LLC
9403 Delphinium St Unit 102
Costa Mesa, KY 92626**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.506 Nonpriority creditor's name and mailing address

**Five Leaf Wellness, LLC
17 Patten Parkway
Prospect, TN 40059**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.507 Nonpriority creditor's name and mailing address

**Florida Honey Pot Farms, LLC
1450 Lake Baldwin Lane # A
Harlingen, FL 78552**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.508 Nonpriority creditor's name and mailing address

**Florida Specialty Distributors Inc
69
Canal Street
Orlando, Co. Down. 32814-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.509	Nonpriority creditor's name and mailing address Floridarooted LLC 6413 Funston Stree Newry, FL BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.510	Nonpriority creditor's name and mailing address Flow State Inc. 10 19th Ave #4 Hollywood, CA 33023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.511	Nonpriority creditor's name and mailing address Flower Child LLC 37511 Summer Creek Rd. Venice, OR 90291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.512	Nonpriority creditor's name and mailing address Flowerkist LLC 8 Piedmont Dexter, CA 97431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.513	Nonpriority creditor's name and mailing address Flpx LLC 3550 W. Liberty Rd. Ste 6 Dove Canyon, MI 92679 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.514	Nonpriority creditor's name and mailing address Focus Naturals, LLC 71 N 1445 W Ann Arbor, UT 48103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.515	Nonpriority creditor's name and mailing address Fogg Flavor Labs LLC. 319 Newburyport Turnpike #105 Orem, MA 84057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.516	Nonpriority creditor's name and mailing address Foothills CBD Inc Office 3 Unit R Penfold Works, Imperial Way Rowley, Herts 01969-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.517	Nonpriority creditor's name and mailing address For Hemp Sakes? 3832 Dalewood Dr. Watford, IN WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.518	Nonpriority creditor's name and mailing address For The People LLC 875 W. 16th St. Fort Wayne, CA 46815 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.519	Nonpriority creditor's name and mailing address Forefront Solutions Limited 69 Canal Street Newport Beach, Co. Down. 92663-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.520	Nonpriority creditor's name and mailing address Forever Joy LTD 444 Diagonal Logwood, Spain 32779-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.521	Nonpriority creditor's name and mailing address Fortune Organics, LLC 14622 Ventura Blvd Suite 2124 Barcelona, CA ES 08008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.522	Nonpriority creditor's name and mailing address Fountain of Health CBD Mailbox 9000 9060 Abbey Yard Studios, Blackbird Build Sherman Oaks, Co. Down. 91403-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor Name	Case number (if known)	
T1 Payments, LLC	23-10290	
3.523 Nonpriority creditor's name and mailing address Fox Fire Organics LLC 61-105 Weesperstraat Newry, Netherlands BT34 2EA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.524 Nonpriority creditor's name and mailing address Francofe Inc. 11 river Street Amsterdam, Co. Down. AM 1018VN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.525 Nonpriority creditor's name and mailing address Frangiosa Farms LLC 15868 Sienna Terrace Newry, CO BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.526 Nonpriority creditor's name and mailing address Freed Management Inc 11 river Street London, Co. Down. WC1N 3AX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.527 Nonpriority creditor's name and mailing address Freedom Wellness Inc. 38523 SE King St.P.O Box 2015 Parker, WA 80134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.528 Nonpriority creditor's name and mailing address Fresh Leaf, LLC 1394 west sunset ave Dublin, AR D D1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.529 Nonpriority creditor's name and mailing address Frogsong Farm LLC 69 Canal Street Snoqualmie, Co. Down. 98065-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.530 Nonpriority creditor's name and mailing address

Fuggin CBD Co
1
Courtney Hill
Newry, Co. Down. BT34 2DQ

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.531 Nonpriority creditor's name and mailing address

Full Spectrum Concepts LLC
1751 W. 10th Pl
Newry, AZ BT35 6JF

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.532 Nonpriority creditor's name and mailing address

Full Spectrum Nutrition LLC
72
High Street
Carson City, Surrey 89706-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.533 Nonpriority creditor's name and mailing address

Functional Solution, LLC
8
Taunusanlage
Las Vegas, Germany 89134-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.534 Nonpriority creditor's name and mailing address

Fused Flora, LLC
10 Firehawk Dr
Haslemere, VA GU27 2LA

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.535 Nonpriority creditor's name and mailing address

Future Wave Systems Inc
1875 Willow Park Way
unit 200
Stafford, CO 02254

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.536 Nonpriority creditor's name and mailing address

FYE, LLC
5428 Schertz Rd
Hollywood, TX 33024

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.537 Nonpriority creditor's name and mailing address

**FYK Associates
273 Dunsmuir Dr
Provo, CA 84606**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.538 Nonpriority creditor's name and mailing address

**G and L Global LLC
1a
Erksine Street
London, Co. Down. E8 4RU**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.539 Nonpriority creditor's name and mailing address

**G Com Pte Ltd
115
Mare Street
Monument, England 80132-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.540 Nonpriority creditor's name and mailing address

**G.E.T. AGRICULTURE LLC
42345 Tweedle Rd.
Newry, OR BT35 6BX**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.541 Nonpriority creditor's name and mailing address

**Gabberdunes INC
1575 Aviation Center Pkwy
Seaside, FL 97138**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.542 Nonpriority creditor's name and mailing address

**Gaia Ethnobotanical, LLC
2752 Botticelli Dr
Chapin, NV 29036**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.543 Nonpriority creditor's name and mailing address

**Gee Distributors, LLC
3615 S Tamarac Dr Ste 302
Newry, CO BT34 2BX**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.544	Nonpriority creditor's name and mailing address Gemini Network 2930 Skyway Circle N Denver, TX 80237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.545	Nonpriority creditor's name and mailing address GenCanna Global USA, Inc. 1b Erskine Street Rancho Cucamonga, Co. Down. 91739-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.546	Nonpriority creditor's name and mailing address Genco Pura Oil Company LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Newry, Herts BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.547	Nonpriority creditor's name and mailing address General Management LLC. 112 Burren Road Yelm, Co. Down. 98597-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.548	Nonpriority creditor's name and mailing address Genusity LLC 6618 Walton Hall Court Watford, NC WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.549	Nonpriority creditor's name and mailing address GGM(UK) Limited 5th Floor 14-16 Dowgate Hill Watford, England WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.550	Nonpriority creditor's name and mailing address GHX Enterprises 7320 Santa Monica Blvd London, CA EC4R 2SU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	T1 Payments, LLC Name	Case number (if known)	23-10290
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3.551	Nonpriority creditor's name and mailing address Giga Pty (N.I.) Ltd 115 Mare Street West Hollywood, England 90046-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.552	Nonpriority creditor's name and mailing address Global Consulting & Marketing Group, LLC 198 Avenue De France London, France E8 4RU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.553	Nonpriority creditor's name and mailing address Global Digital Consulting Corp 1140 Fletcher Ave Paris, IN 75 75013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.554	Nonpriority creditor's name and mailing address Global Document Services 39 SCHERPENZEELSTRAAT Indianapolis, Nederlands 46203-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.555	Nonpriority creditor's name and mailing address Global Liberty Consultants Limited 160 City Road Amsterdam, England 1107HR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.556	Nonpriority creditor's name and mailing address Global Platform Solution Japan GK 115 Mare Street London, England E8 4RU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.557	Nonpriority creditor's name and mailing address Global Platform Solution, LLC 1522 W Warm Springs Rd Dublin 2, NV D02 NR12 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.558	Nonpriority creditor's name and mailing address Global Processing Solutions Ltd Lachezar Stanchev Str 5 Blvd Sopharma Business Towers Building B Watford WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.559	Nonpriority creditor's name and mailing address Global Vision Network LLC 8725 NW 18th Terrace Ste 206 Sofia, FL SR4 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.560	Nonpriority creditor's name and mailing address GLOBAL WELLNESS LLC 1 W Campbell Ave, 2178 Doral, AZ 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.561	Nonpriority creditor's name and mailing address Global Widget LLC 15943 N Florida Ave Oldsmar, FL 34677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.562	Nonpriority creditor's name and mailing address Glori Health Inc. 32 Se 2nd Ace Phoenix, FL 85013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.563	Nonpriority creditor's name and mailing address Glow Effect S.A 30 Avenida Arriaga, 1st Floor Delray Beach, Portugal 33444-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.564	Nonpriority creditor's name and mailing address GMYR LLC 408 Singleton Blvd Cascais, TX 9000-064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.565 Nonpriority creditor's name and mailing address

Go Be Holdings, LLC
2929 Langley Ave Ste 103
Dallas, FL 75212

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.566 Nonpriority creditor's name and mailing address

Go Green Hemp LLC
4225 Pleasant Road
Garden City, SC 11530

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.567 Nonpriority creditor's name and mailing address

Gold Coast Direct LLC
6
St Colemans Park
Fort Mill, Co. Down. 29708-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.568 Nonpriority creditor's name and mailing address

Golden Leap Investments LLC
8004 Cherry Ln
Newry, CA BT34 2BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.569 Nonpriority creditor's name and mailing address

Gone Green CBD, LLC
215 Coffee Pot Dr Ste D
Riverview, AZ 33578

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.570 Nonpriority creditor's name and mailing address

Good For Me LLC
1
Elmfield Avenue
Glasgow, Co. Down. G3 7QL

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.571 Nonpriority creditor's name and mailing address

Good Forest Inc
882 Production Place
Newry, CA BT34 3HQ

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.572 Nonpriority creditor's name and mailing address

**Goodale Distribution, LLC
3129 Tiger Run Ct, Ste 103
Newport Beach, CA 92663**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.573 Nonpriority creditor's name and mailing address

**Goose Summer LLC
214 Sterling Place, #206
Carlsbad, NY 92010**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.574 Nonpriority creditor's name and mailing address

**Gothic Vapor LLC.
55
Donaghaguy Road
Brooklyn, Co. Down. 11238-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.575 Nonpriority creditor's name and mailing address

**Grace H&W Therapeutics LLC
11
Carrer de Bailen, Bajos
Newry, Spain BT34 3PR**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.576 Nonpriority creditor's name and mailing address

**Grand Trans Atlantic, Inc
15021 Ventura Blvd
#804
Barcelona, CA ES 08010**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.577 Nonpriority creditor's name and mailing address

**Grander Distribution LLC
2300 NW Corporate Blvd, Unit 110
Sherman Oaks, FL 91403**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.578 Nonpriority creditor's name and mailing address

**GRB Naturals LLC
524 W Broadway Rd Suite 110
Boca Raton, AZ 33431**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor T1 Payments, LLC <small>Name</small>	Case number (if known) 23-10290
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3.579	Nonpriority creditor's name and mailing address Great Hemp NZ LTD 3 Eichhornstra e Litchfield, Germany 04350-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.580	Nonpriority creditor's name and mailing address Greatness and Associates 2255 W Broadway Suite G318 Tempe, CA 85282 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.581	Nonpriority creditor's name and mailing address Green Ape CBD, LLC 8031 E. Ave Anaheim, CO 92804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.582	Nonpriority creditor's name and mailing address Green Classic, LLC 41000 Woodward Ave, Suite 350E Denver, MI 80222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.583	Nonpriority creditor's name and mailing address Green Flower Botanicals LLC 1049 E. Brandon Blvd Bloomfield Hills, FL 48304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.584	Nonpriority creditor's name and mailing address Green Garden Gold II LP 13719 Gamma Road Brandon, TX 33594 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.585	Nonpriority creditor's name and mailing address Green Global INC 13631 26th PL S Savage, WA 55378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Case number (if known)	
T1 Payments, LLC	23-10290	
3.586 Nonpriority creditor's name and mailing address Green Gone LLC 2930 Jasik Dr Dallas, OH 75244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.587 Nonpriority creditor's name and mailing address Green Gorilla 55 Donaghaguy Road, Burren Toledo, Co. Down. 43611-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.588 Nonpriority creditor's name and mailing address Green Horizen LLC 140 N Main Ste D Warrenpoint, UT BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.589 Nonpriority creditor's name and mailing address Green House Oils LTD 183 Donaghadee Road Kaysville, Northern Ireland 84037-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.590 Nonpriority creditor's name and mailing address Green Leaf Organics 85 Great Portland Street Newtownards, London BT23 7QP Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.591 Nonpriority creditor's name and mailing address Green Mountain CBD INC 273 Kate Brook Rd Denver, VT 80202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.592 Nonpriority creditor's name and mailing address Green Orca Pack LLC Mailbox 9000-9060 1 Courtney Hill, Abby Yard Studios Sint Albans, Co. Down. 05478-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.593 Nonpriority creditor's name and mailing address

Green Phoenix LLC
4659 Blackmore Court
Newry, FL BT34 2EA

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.594 Nonpriority creditor's name and mailing address

Green PolkaDot Box LLC
545 East University Parkway, Suite 200
Melbourne, UT 32934

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.595 Nonpriority creditor's name and mailing address

Green Re - Leaf, LLC
1019 Thistle Court
Orem, NC 84097

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.596 Nonpriority creditor's name and mailing address

Green Remedy Inc.
4104 Bishop Lane
Newton, KY 28658

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.597 Nonpriority creditor's name and mailing address

Green Wellness LLC
P.O. Box 260
London, MI E1 8FA

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.598 Nonpriority creditor's name and mailing address

Greener Solutions INC
4625 Wintercress Lane
Albuquerque, CO 87106

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.599 Nonpriority creditor's name and mailing address

Greenpath Science LLC
304 S. Jones Blvd, Suite 2143
Caledonia, NV 49316

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.600	Nonpriority creditor's name and mailing address Greenpoint LLC 2243 Brantner Place Las Vegas, CO 89107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.601	Nonpriority creditor's name and mailing address Gron Confections LLC 960 SE Madison Street Brighton, OR 80601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.602	Nonpriority creditor's name and mailing address Gruv LLC P.O. Box 63402 Beaverton, AZ 97007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.603	Nonpriority creditor's name and mailing address GStandard Nutrition LLC 10719A St S Phoenix, WA 85082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.604	Nonpriority creditor's name and mailing address GTD Gaming, LLC 562 Grand Oaks Drive Tacoma, TN 98444 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.605	Nonpriority creditor's name and mailing address GWR Distributors Office 3 Unit R Penfold Works Trading Estate, Imperial W Brentwood, Herts 37027-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.606	Nonpriority creditor's name and mailing address H Lively LLC 599 - B West John Sims Pkwy Watford, FL WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.607	Nonpriority creditor's name and mailing address H Smart INC 520 S Grand Ave St 665 Watford, CA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.608	Nonpriority creditor's name and mailing address H2 Branding, LLC 16591 County Road 15 Palm Harbor, TX 34683 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.609	Nonpriority creditor's name and mailing address H3 Beauty and Health, LLC 3000 Town Center suite 1550 Niceville, MI 32578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.610	Nonpriority creditor's name and mailing address HaenepSource LLC 27576 Commerce Center Dr Ste 114 Columbus, CA 31909 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.611	Nonpriority creditor's name and mailing address Hailey's Hemp Company LLC 677 Tree Farm Road Southfield, WV 48075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.612	Nonpriority creditor's name and mailing address Halcyon Botanicals 7 Wilson Business Park Monsall Road, Eglon, England 26716-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.613	Nonpriority creditor's name and mailing address Hallack and Meyer Real Estate and Publis 6711 Sabado Tarde C Manchester, CA M40 8WN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor T1 Payments, LLC Name _____	Case number (if known) 23-10290 _____
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3.614	Nonpriority creditor's name and mailing address Halo Nutrition LLC 140 Mason Circle Watford, CA WD24 4YY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.615	Nonpriority creditor's name and mailing address Hannavas Enterprises, LLC 3620 Piedmont Rd NE, Suite B4111 Pleasant Grove, GA 84062 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.616	Nonpriority creditor's name and mailing address Happy Hemp Mall LLC 105 N Elm Street Amsterdam, IN 1017XD Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.617	Nonpriority creditor's name and mailing address Happy House Enterprises, Inc 619 Andys Court Earl Park, FL 47942 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.618	Nonpriority creditor's name and mailing address Happy Trails LLC Mailbox 6000-6060 6 St. Colmans Park Orange City, Co. Down. 32763-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.619	Nonpriority creditor's name and mailing address Happy Valley Goods and Services LLC 30 N Gould St. Ste R Newry, WY BT34 2BX Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.620	Nonpriority creditor's name and mailing address Hara Flow Inc 11 River Street Sheridan, Co. Down. 82801-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	T1 Payments, LLC Name _____	Case number (if known)	23-10290
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3.621	Nonpriority creditor's name and mailing address Harbour Web Services LLC 1A Erskine Street Boynton Beach, Co. Down. 33426-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.622	Nonpriority creditor's name and mailing address Haris Wellness Inc. 14721 Hilton Dr Newry, CA BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.623	Nonpriority creditor's name and mailing address Harpers Gold 2903 Daneland St Fontana, CA 92336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.624	Nonpriority creditor's name and mailing address Harrington Wellness Inc 10960 Wilshire Blvd, 5th Floor Lakewood, CA 90712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.625	Nonpriority creditor's name and mailing address Harvest Hemp Oil LLC 112 Burren Road Los Angeles, Co. Down. 90024-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.626	Nonpriority creditor's name and mailing address Hassan Enterprises Inc Office 3 Unit R Penfold Works Trading Estate, Imperial W Meridian, Herts 83642-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.627	Nonpriority creditor's name and mailing address Hawksbill Botanicals, Inc. No. 1 Spinningfields Quay Street Warrenpoint, England BT34 3XT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.628	Nonpriority creditor's name and mailing address HD Distribution Office 3 Unit R Penfold Works Trading Estate, Imperial W Denver, Herts 80237-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.629	Nonpriority creditor's name and mailing address HD Distribution LLC 8100 E Union Ave Unit 1809 Lutz, CO 33549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.630	Nonpriority creditor's name and mailing address Healing Flower LLC 165 W Superior St Unit 3002 North Salt Lake, IL 94054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.631	Nonpriority creditor's name and mailing address Health Max Group Inc. 409 Overbrook Drive Dublin, FL D D1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.632	Nonpriority creditor's name and mailing address Health Secret LLC 165 Ave Ponce De Leon, Suite 201 Belleair, Puerto Rico 33756-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.633	Nonpriority creditor's name and mailing address Healthnetics, LLC 8 Taunusanlage Newry, Germany BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.634	Nonpriority creditor's name and mailing address HealthStatus LLC 11 river Street San Juan, Co. Down. 00917-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.635 Nonpriority creditor's name and mailing address

Healthy Healing Hemp LLC
444
Diagonal
Frankfurt, Spain DE 60329

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.636 Nonpriority creditor's name and mailing address

Healthy Hemp LLC
615 N 8th Ave
Barcelona, PA ES 08008

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.637 Nonpriority creditor's name and mailing address

Healthy Living by Frank LLC
7950 Henry Avenue, Apt 6C
Watford, PA WD24 4YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.638 Nonpriority creditor's name and mailing address

Healthy Lotus LLC
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Philadelphia, Herts 19128-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.639 Nonpriority creditor's name and mailing address

Healthy Skin INC
510 Glenwood Ave, Unit 611
Chattanooga, NC 37408

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.640 Nonpriority creditor's name and mailing address

Heather LLC
8969 Sunset Blvd
Raleigh, CA 27603

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.641 Nonpriority creditor's name and mailing address

Help Center 1 LLC
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Whitefish, Herts 59937-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.642	Nonpriority creditor's name and mailing address Hemp 4 Health 20-23 Woodside Place, Glasgow, Strathclyde Reg Sedona, Scotland 86336-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.643	Nonpriority creditor's name and mailing address Hemp Dogs Inc. 6102 Jerrys Drive Watford, MD WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.644	Nonpriority creditor's name and mailing address Hemp Viability Inc. Mailbox 6000-6060 6 St. Colmans Park Watford, Co. Down. WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.645	Nonpriority creditor's name and mailing address Hempathy, LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Durango, Herts 80301-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.646	Nonpriority creditor's name and mailing address Hemped NYC LLC 247 Bleecker Street Newry, NY BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.647	Nonpriority creditor's name and mailing address Hempiest Hemp, LLC 526 S Main St Suite 802 Watford, OH WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.648	Nonpriority creditor's name and mailing address HempISO, LLC 495 Pearl Dr Akron, CA 44311 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.649 Nonpriority creditor's name and mailing address

Hempsy LLC
1050 Meadows Dr STE 407
Los Angeles, TXv 90071-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.650 Nonpriority creditor's name and mailing address

Hemptastic LLC
105 OAKPARK DR SUITE A
Round Rock, NC 78681

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.651 Nonpriority creditor's name and mailing address

HemptopiaCBD, LLC
6012 Bayfield Phy, Suite 347
Moorestville, NC 28115

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.652 Nonpriority creditor's name and mailing address

Hempura LLC
1a
Erskine Street
Concord, Co. Down. 28027-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.653 Nonpriority creditor's name and mailing address

Hendriks Industries Corp.
22 Broadlawn Dr
Newry, NY BT35 6BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.654 Nonpriority creditor's name and mailing address

Henep LLC
2371 S. Race St.
Central Islip, CO 11722

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.655 Nonpriority creditor's name and mailing address

Herbal Extracts LLC
5407 W. Emmeline Dr.
Denver, UT 80210

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.656 Nonpriority creditor's name and mailing address

Herbal Salvation, LLC
1938 E. Franklin Road Ste. 110
Palm Coast, ID 32164

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.657 Nonpriority creditor's name and mailing address

Herbyst, LLC
9858 Clint Moore Road, C11 256
Watford, FL WD24 4YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.658 Nonpriority creditor's name and mailing address

Hey Hemp Co Limited
198
Avenue De France
Watford, France WD24 4YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.659 Nonpriority creditor's name and mailing address

HG HappyGarden Trading Ltd
Patsalos House, 5th Floor, Office 501, 3
Griva Digeni Avenue
Newry, Cyprus BT34 3XT

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.660 Nonpriority creditor's name and mailing address

HG Wilmington Holdings INC?
413 S College Rd Ste 10
Larnaca, NC 06030

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.661 Nonpriority creditor's name and mailing address

HGS Distribution Inc
112
Burren Road
Paris, Co. Down. 75 75013

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.662 Nonpriority creditor's name and mailing address

Hi-Glass LLC.
69
Canal Street
Portland, Co. Down. 04101-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.663 Nonpriority creditor's name and mailing address

High Desert Pure, LLC
63207 Service Rd #4
Wilmington, OR 28403

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.664 Nonpriority creditor's name and mailing address

High Falls Extracts LLC
69
Canal Street
Bend, Co. Down. 97703-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.665 Nonpriority creditor's name and mailing address

High Ridge Wellness, Inc
1599 SW 30th Ave.
Newry, FL BT35 6JF

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.666 Nonpriority creditor's name and mailing address

Highly Advanced HealthCare
477 Congress St
Manchester, ME M40 8WN

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.667 Nonpriority creditor's name and mailing address

Hippo LLC
1551 Ben Sawter Blvd #17
Newry, SC BT35 6JF

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.668 Nonpriority creditor's name and mailing address

Hiwahiwa Ola Inc
54-058 Hauula Homestead Rd.
Newry, HI BT343HQ

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.669 Nonpriority creditor's name and mailing address

HK Advance LLC
732 Glencarlyn Avenue
Hauula, OH 96717

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.670	Nonpriority creditor's name and mailing address HK Enterprises LLC 9600 W. JEWELL AVE. SUITE 1 New York, CO 10014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.671	Nonpriority creditor's name and mailing address HM Health LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Watford, Herts WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.672	Nonpriority creditor's name and mailing address Holistic Hempz LLC 5200 Greystone Summit Dr. Apt 506 Watford, GA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.673	Nonpriority creditor's name and mailing address Home Grown Releaf LLC 11377 Castor St Temecula, NV 92590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.674	Nonpriority creditor's name and mailing address Homeopathic Labs 9190 W Olympic Blvd Ste 115 Las Vegas, CA 89183 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.675	Nonpriority creditor's name and mailing address Hone Law c/o Kelly B. Stout, Esq. 702 North Green Valley Parkway Suite 200 Henderson, NV 89074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.676	Nonpriority creditor's name and mailing address Honest Globe Inc. Mailbox 6000-6060 6 St. Colmans Park Beverly Hills, Co. Down. 90212-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	T1 Payments, LLC Name	Case number (if known)	23-10290
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3.677	Nonpriority creditor's name and mailing address Honest Health Alive LLC 1905 15th St Suite 253 Newry, CO BT34 2BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.678	Nonpriority creditor's name and mailing address Honest Pharm CO 19220 Pinon Park Rd Watford, CO WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.679	Nonpriority creditor's name and mailing address Honey B Healthy Living LLC 17891 Sky Park Circle STE F Peyton, CA 80831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.680	Nonpriority creditor's name and mailing address Honey Colony LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Burt, Herts 48417-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.681	Nonpriority creditor's name and mailing address Honeybolt LLC 300 Colonial Center Parkway, Suite 100N Irvine, GA 92614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.682	Nonpriority creditor's name and mailing address Hormone Synergy INC 4640 SW Macadam Ave. Suite 290 Roswell, OR 30076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.683	Nonpriority creditor's name and mailing address Household Appliance UK Limited 15 Forest Road Worthing West Hills, UK 91307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.684	Nonpriority creditor's name and mailing address Hoverboard Enterprises, LLC 2183 W Pershing St West Sussex, WI BN14 9ND Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.685	Nonpriority creditor's name and mailing address HPD Inc 1 Elmfield Avenue Appleton, Co. Down. 54914-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.686	Nonpriority creditor's name and mailing address HPJ LLC 86 Carrer Tanger Warrenpoint, Spain BT34 3HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.687	Nonpriority creditor's name and mailing address Hudson Valley Botanicals, LLC 30 Sheraton Drive Barcelona, NY B 08018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.688	Nonpriority creditor's name and mailing address Hudson Valley Hemp Company LLC 67Pine Wood Rd Poughkeepsie, NY 12601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.689	Nonpriority creditor's name and mailing address Hudson Valley Holistic, LLC 50 Columbus Ave, Unit 417 Hudson, NY 12534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.690	Nonpriority creditor's name and mailing address HumbleBee CBD 11 River Street Tuckahoe, Co. Down. 10707-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.691	Nonpriority creditor's name and mailing address Humbled Extracts LLC 11 River Street Newry, Co. Down. BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.692	Nonpriority creditor's name and mailing address Hygia Nutrients INC - eComm 6080 Greenwood Plaza Blvd Unit B Newry, CO BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.693	Nonpriority creditor's name and mailing address Hyper SLS Ltd 115 Mare Street Greenwood Village, England 80111-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.694	Nonpriority creditor's name and mailing address Hyperion Nutrition 1a Erskine Street London, Co. Down. E8 4RU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.695	Nonpriority creditor's name and mailing address I & I Sales LLC. 11 River Street Newry, Co. Down BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.696	Nonpriority creditor's name and mailing address I.C. Procurement LLC 17098 NW 22 St Westchester, FL 19380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.697	Nonpriority creditor's name and mailing address Ibuumerang LLC 11807 Westheimer Rd 550-427 Scottsdale, TX 85258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.698 Nonpriority creditor's name and mailing address

**iDeal Group, Inc.
55 Carter Drive
Houston, NJ 77077**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.699 Nonpriority creditor's name and mailing address

**iGalen, Inc
4800 Montgomery Lane Street 210
Edison, MD 08817**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.700 Nonpriority creditor's name and mailing address

**iGenius LLC
300 west
suite 3
Hastings, UT 55033**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.701 Nonpriority creditor's name and mailing address

**iHeal Labs LLC
1445 Stonelake Cove Ave, Unit 13305
Salt Lake City, NV 84101**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.702 Nonpriority creditor's name and mailing address

**iKash LLC
1320 Stirling Rd #3A
Henderson, FL 89074**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.703 Nonpriority creditor's name and mailing address

**Ike and Zelda
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Dania Beach, Herts 33004-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.704 Nonpriority creditor's name and mailing address

**ILM Distribution Inc.
C/O LL Mgmt 5950 Canoga Ave, Suite 510
Watford, CA WD24 4YY**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.705 Nonpriority creditor's name and mailing address

IM Consultants LLC
Office 3 Unit R
Penfold Works, Imperial Way
Watford, Herts WD24 4YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.706 Nonpriority creditor's name and mailing address

Imbue Botanicals
1712 Pioneer Ave #500
Woodland Hills, WY 91367

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.707 Nonpriority creditor's name and mailing address

Immortalis, LLC
17434 Spirit Ln SE
West Yorkshire, WA BD19 4NA

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.708 Nonpriority creditor's name and mailing address

iMobile Solutions Inc.
555 Fifth Avenue, 14th Floor
The Woodlands, NY 77382

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.709 Nonpriority creditor's name and mailing address

Incubecom Ltd
N Wall Quay
Chicago, Ireland 60654-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.710 Nonpriority creditor's name and mailing address

Infused Mfg LLC
3370 Pinks Place, Suite C
Cheyenne, NV 82001

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.711 Nonpriority creditor's name and mailing address

Infused Brands Inc.
1420 West Fifth Avenue Suite 2200
Las Vegas, WA 89102

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.712 Nonpriority creditor's name and mailing address

Ingenious Business Solutions, LLC
7848 W Sahara Ave
Seattle, NV 98101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.713 Nonpriority creditor's name and mailing address

Innovapure LLC
3005 N National Rd
Las Vegas, IN 89117

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.714 Nonpriority creditor's name and mailing address

Innovation Works Limited
444
Diagonal
Dublin, Spain D D1

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.715 Nonpriority creditor's name and mailing address

Innovative Gears, Inc
7834 Alabama Ave
Columbus, CA 47291

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.716 Nonpriority creditor's name and mailing address

Innovative Health Labs Inc
3000 NE 30th Place, Unit 211
Canoga Park, FL 91304

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.717 Nonpriority creditor's name and mailing address

Inspirable, LLC
2211 Elliott Ave #200
Fort Lauderdale, WA 33306

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.718 Nonpriority creditor's name and mailing address

Integrity Products
11
River Street
Seattle, Co. Down. 98121-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.719	Nonpriority creditor's name and mailing address Intelligent Business Management (IBM) LL 86 Carrer Tanger Delray Beach, Spain 33484-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.720	Nonpriority creditor's name and mailing address Intellimax LLC 1655 Palm Beach Lakes Blvd Newry, FL BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.721	Nonpriority creditor's name and mailing address International Bioceutical Company LLC 2077 Kurtz St. Newark, CA 19702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.722	Nonpriority creditor's name and mailing address Intouch International LLC 101 S Coit Rd Ste 36-191 Sheridan, TX 82801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.723	Nonpriority creditor's name and mailing address IPot Florida Partners LLC 444 Diagonal West Palm Beach, Spain 33401-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.724	Nonpriority creditor's name and mailing address IQ 220 Group LLC 251 Crandon Blvd, Unit 109 Barcelona, FL ES 08008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.725	Nonpriority creditor's name and mailing address IQX2 TECHNOLOGIES, LLC 7405 Charmant DRr. Unit 2420 Key Biscayne, CA 33149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.726 Nonpriority creditor's name and mailing address

**Irishman Management LLC
600 B Street, Suite 300
Las Vegas, CA 89107**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.727 Nonpriority creditor's name and mailing address

**Iso International LLC
1712 Pioneer Ave #100
Newry, WY BT34 2EA**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.728 Nonpriority creditor's name and mailing address

**Isospec LLC
1111 E. Sunrise BLVD
#713
San Diego, FL 92009**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.729 Nonpriority creditor's name and mailing address

**IT'S ORGANIC LTD
290
Newland AVENUE
Fort Lauderdale, England 33304-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.730 Nonpriority creditor's name and mailing address

**Itz Natural LLC
50 Spring Ridge Lane
Hull, VA BE 10785**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.731 Nonpriority creditor's name and mailing address

**IVY TECHNOLOGY PTY (N.I.) LIMITED
69
Canal Street
Dairfield, Co. Down. 24435-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.732 Nonpriority creditor's name and mailing address

**J and M Manufacturing LLC
13046 Racetrack Road PMB 224
Amsterdam, FL AM 1017XD**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.733 Nonpriority creditor's name and mailing address

J&M Manufacturing, LLC
165 C
Weteringschans
Torrence, Netherlands 90501-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.734 Nonpriority creditor's name and mailing address

Jah Nutrition, LLC
61-105
Weesperstraat
Newry, Netherlands BT35 6JF

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.735 Nonpriority creditor's name and mailing address

JAN Solutions Ltd
International House, 12
Constance Street
Amsterdam, England 1018VN

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.736 Nonpriority creditor's name and mailing address

Jane Street LLC
2 Fallen Leaf Ave #714
London, CA E16 2DQ

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.737 Nonpriority creditor's name and mailing address

Jasleen Enterprises, LLC
1394 W Sunset Ave
Ross, AR 94957

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.738 Nonpriority creditor's name and mailing address

Jason Liss - - Essential Cellular Scienc
18750 NW Rock Creek Cir Apt 96
Sarasota, Or 34242

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.739 Nonpriority creditor's name and mailing address

Jelly Marketing LLC.
72
High Street
Waltham, Co. Down. 02453-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.740 Nonpriority creditor's name and mailing address

**JH Botanicals
5742 Aspen Ridge Circle
Surrey, FL GU27 2LA**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.741 Nonpriority creditor's name and mailing address

**JH Distribution, LLC
12190 SW Winterhawk Lane
Portland, OR 97214**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.742 Nonpriority creditor's name and mailing address

**JLessencials LLC
3003 Walnut Street
Barcelona, CO B 08018**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.743 Nonpriority creditor's name and mailing address

**JMFG LLC
6536 S Adams Ct
Boulder, CO 80301**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.744 Nonpriority creditor's name and mailing address

**Journey 2 Life, Inc.
11
River Street
Centennial, Co. Down. 80121-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.745 Nonpriority creditor's name and mailing address

**Jovian Star LLC
157 Woodsdale Ave
Newry, DE BT34 2DQ**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.746 Nonpriority creditor's name and mailing address

**Joy Cruise Co., Inc.
12346 Valley Blvd Unit C
Dover, CA 19901**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.747 Nonpriority creditor's name and mailing address

**JP and SN Enterprises
9006 W Chester PIKE
EI Monte, PA 91732**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.748 Nonpriority creditor's name and mailing address

**JP United Distribution Co LLC
13 Seeley Bull Street
Upper Darby, NY 19082**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.749 Nonpriority creditor's name and mailing address

**JPF Venture Group, Inc
800 South Queen Street
Monroe, PA 10950**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.750 Nonpriority creditor's name and mailing address

**JPR Ventures Inc.
3373 Wynn Rd. Ste C
Lodi, NV 95240**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.751 Nonpriority creditor's name and mailing address

**JSF LLC
382 NE 191 St 12072
Lncaster, FL 17603**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.752 Nonpriority creditor's name and mailing address

**Juice Nutrition Operations Inc.
4621 S Cooper St. Ste 131-246
Miami, TX 33179**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.753 Nonpriority creditor's name and mailing address

**Just Peachy Holdings LLC
69
Canal Street
Arlington, Co. Down. 76017-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.754 Nonpriority creditor's name and mailing address

JynTech, Inc
5348 Vegas Drive #390
Newry, NV BT35 6JF

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.755 Nonpriority creditor's name and mailing address

K Chill Direct LLC
4904 s Power Rd
#103-287
Denver, AZ 80204

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.756 Nonpriority creditor's name and mailing address

K Krates, LLC
12231 Main St #909
Las Vegas, FL 89108

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.757 Nonpriority creditor's name and mailing address

K9 Organics LLC
4833 Santa Monica Ave #70123
Plantation, CA 33322

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.758 Nonpriority creditor's name and mailing address

Kaiser Marketing, LLC
6743 Myrtle Ave #1003
San Diego, NY 92107

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.759 Nonpriority creditor's name and mailing address

Kala Wellness LLC
20200 W Dixie Hwy. Suite 1105A
Glendale, FL 11385

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.760 Nonpriority creditor's name and mailing address

Kalipso Blue LLC
PO Box 1286
London, HI N12 0DR

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.761	Nonpriority creditor's name and mailing address Kaplan Cottner 850 East Bonneville Avenue Las Vegas, NV 89101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.762	Nonpriority creditor's name and mailing address Kapu Maku LLC 315 W Elliot Rd #107-430 Castle Douglas Dumfries and Galloway, AZ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.763	Nonpriority creditor's name and mailing address Kats Botanicals Corp 61 maria Drive Newry, NJ BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.764	Nonpriority creditor's name and mailing address Kats Naturals LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Hillsdale, Herts 07642-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.765	Nonpriority creditor's name and mailing address KCG Health LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Vancouver, Herts 98684-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.766	Nonpriority creditor's name and mailing address Kenneth and Brenner Trading LLC 165 C Weteringschans Mesa, Netherlands 85212-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.767	Nonpriority creditor's name and mailing address Kentucky Crafted LLC 4032 Idlebrook Ln Amsterdam, KY 1018VN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.768	Nonpriority creditor's name and mailing address Keola Life LLC 2008 Tournament Ct Burlington, CO 41005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.769	Nonpriority creditor's name and mailing address Kew Cycles Pty Ltd 86 Carrer Tanger Beverly, Spain 01915-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.770	Nonpriority creditor's name and mailing address KGMN INC 36495 Vine St Newry, OH BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.771	Nonpriority creditor's name and mailing address KGSN, LLC 3941 Carol Bailey Ave Los Angeles, NV 90039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.772	Nonpriority creditor's name and mailing address KIARA NATURALS GMBH 833 SCHWAEBRIG Evergreen, SWITZERLAND 80439-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.773	Nonpriority creditor's name and mailing address Kidney Punch Office 3 Unit R Penfold Works Trading Estate, Imperial W GAIS, Herts 09056-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.774	Nonpriority creditor's name and mailing address Kilpatrick & Douglas PTY LTD 8 Taunusanlage Boynton Beach, Germany 33435-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	T1 Payments, LLC Name _____	Case number (if known)	23-10290
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3.775	Nonpriority creditor's name and mailing address King Kanine LLC 1856 N. Nob Hill Road #444 Fredrick, FL 80516 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.776	Nonpriority creditor's name and mailing address King`s Kratom, LLC 1142 Marquis Rd Berlin, SC BE 10785 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.777	Nonpriority creditor's name and mailing address Kinona Consulting LLC 1a Erskine Street Aventura, Co. Down. 33180-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.778	Nonpriority creditor's name and mailing address Kirkpatrick Ventures, LLC 178 J-Bar Run Watford, LA WD24 4YY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.779	Nonpriority creditor's name and mailing address KNIGHT MEDICAL & REHAB CENTER, LTD 115 Mare Street North Charleston, England 29405-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.780	Nonpriority creditor's name and mailing address Knowledge Manager LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W San Diego, Herts 92121-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.781	Nonpriority creditor's name and mailing address Koi CBD LLC 26 Bourne Vale Hungerford London, England E8 4RU Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.782 Nonpriority creditor's name and mailing address

Kono Naturals LLC
Mailbox 6000-6060 6
St. Colmans Park
Berkshire, Co. Down. RG17

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.783 Nonpriority creditor's name and mailing address

Kountry Kings, Inc.
19216 Mangan Way
Divide, TX 80814

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.784 Nonpriority creditor's name and mailing address

KPS Holdings LLC
228 River Bend Road
Newry, SC BT34 2BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.785 Nonpriority creditor's name and mailing address

Krabot LLC
165 C
Weteringschans
Greenville, Netherlands 29617-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.786 Nonpriority creditor's name and mailing address

Kraoma LLC
8565 S Eastern Ave
STE 150
Amsterdam, NV AM 1017XD

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.787 Nonpriority creditor's name and mailing address

Kratora, LLC
2300 McDernitt Road
Suite #200-354
Las Vegas, TX 89123

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.788 Nonpriority creditor's name and mailing address

KrediKings Ltd
160
City Road, Kemp House
Plano, England 75025-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.789	Nonpriority creditor's name and mailing address KSLP LLC 2425 Laird Street London, CA EC1V 2NX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.790	Nonpriority creditor's name and mailing address KSW, LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Amsterdam, Herts AM 1018VN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.791	Nonpriority creditor's name and mailing address Kuribl LLC 3975 190th St. E Santa Ana, MN 92706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.792	Nonpriority creditor's name and mailing address Kuvera LLC 12 South 400 West Bethesda, UT 03695 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.793	Nonpriority creditor's name and mailing address Ky Hemp LLC 256 Shady Ln Manchester, KY M40 8WN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.794	Nonpriority creditor's name and mailing address Lab 88, LLC 1930 Village Center Cir 3-5700 Manchester, NV M8 8FJ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.795	Nonpriority creditor's name and mailing address Labyrinthe Holdings Corp 500 Campus Drive Suite 305 Lexington, NJ 40503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.796 Nonpriority creditor's name and mailing address

Lain Capital LLC
405 RXR Plaza
Vallejo, NY 94591

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.797 Nonpriority creditor's name and mailing address

LakelandCBDWellness Inc.
225 N Kentucky Avenue
Uniondale, FL 11556

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.798 Nonpriority creditor's name and mailing address

Larson LLP
555 South Flower Street
Suite 4400
Los Angeles, CA 90071

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Legal ServicesIs the claim subject to offset? ☒ No ☐ Yes**\$17,251.40**

3.799 Nonpriority creditor's name and mailing address

Layman and Gauger Inc.
PO Box 836
Lakeland, TX 33801

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.800 Nonpriority creditor's name and mailing address

LC Logistics LLC
5333 San Luis Ave
Santa Ana, CA 92705

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.801 Nonpriority creditor's name and mailing address

Le Pet Luxe, Inc.
2704 157th PL SW
Loop, WA 79342

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.802 Nonpriority creditor's name and mailing address

Leaf of Life Botanicals, Inc.
219 3frt
Alameda das Linhas de Torres
Lynnwood, Portugal 98087-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.803	Nonpriority creditor's name and mailing address Leafceuticals Inc 3571 E Sunset Rd San Diego, NV 92122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.804	Nonpriority creditor's name and mailing address Leafwell Botanicals Inc. 2535 Copper Ridge Dr. Unit B Lisboa, CO 1750-144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.805	Nonpriority creditor's name and mailing address Leafy Investments LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Mariana Del Rey, Herts 90292-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.806	Nonpriority creditor's name and mailing address Legends Rentals LLC 6315 Rockaway Dr La Jolla, KS 92037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.807	Nonpriority creditor's name and mailing address Let's Live LLC 110 S. Holland-Sylvania Rd. Lawrence, OH 66049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.808	Nonpriority creditor's name and mailing address Lettsfinds, LLC 8519 Canova Ave NW Holland, WA 43528 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.809	Nonpriority creditor's name and mailing address Leverage Media Ltd Lomond Court Castle Business Park Silverdale, Scotland 98383-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.810 Nonpriority creditor's name and mailing address**Levitte Shipping LLC
6 Crescent St.
Springdale, MA 72764**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _Is the claim subject to offset? ☒ No ☐ Yes**\$0.00****3.811** Nonpriority creditor's name and mailing address**Leyba Ventures INC
4804 Quita Ct
Stirling, CO FK9 4TU**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _Is the claim subject to offset? ☒ No ☐ Yes**\$0.00****3.812** Nonpriority creditor's name and mailing address**Lezoro LLC
1508 St. Thomas Cir.
Pueblo, SC 81001**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _Is the claim subject to offset? ☒ No ☐ Yes**\$0.00****3.813** Nonpriority creditor's name and mailing address**LianYou Tecynology HongKong Co Limited
165 C
Weteringschans
Tampa, Netherlands 33607-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _Is the claim subject to offset? ☒ No ☐ Yes**\$0.00****3.814** Nonpriority creditor's name and mailing address**Life Bloom Organics LLC
23823 Malibu Rd.
Watford, CA WD24 4YY**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _Is the claim subject to offset? ☒ No ☐ Yes**\$0.00****3.815** Nonpriority creditor's name and mailing address**Life Patent Inc
1b
Erskine Street
Shelbyville, Co. Down. 46176-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _Is the claim subject to offset? ☒ No ☐ Yes**\$0.00****3.816** Nonpriority creditor's name and mailing address**Lifestyle Solutions
1108 Lavaca Street, Suite 110-338
Malibu, TX 90265**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.817 Nonpriority creditor's name and mailing address

Lig and Ceptor LLC
2335 Crows Nest Parkway
Austin, NV 78701

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.818 Nonpriority creditor's name and mailing address

Lily Health LLC
507 Graham Ave #Store
Reno, NY 89519

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.819 Nonpriority creditor's name and mailing address

Limited Development Group LLC
728 Loyola Dr
Brooklyn, CA 11222

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.820 Nonpriority creditor's name and mailing address

Lions Holdings Group LLC
1715 E Wilshire Ave #724
Los Altos, CA 94024

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.821 Nonpriority creditor's name and mailing address

Lit Culture, LLC
2976 E State St
ste 120-322
SANTA ROSA, ID 95409

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.822 Nonpriority creditor's name and mailing address

Lit.Club Inc
149 S Barrington Ave. #410
Eagle, CA 83616

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.823 Nonpriority creditor's name and mailing address

Little P LLC
PO Box 5470
Los Angeles, CO 90049

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor	T1 Payments, LLC Name	Case number (if known)	23-10290
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3.824	Nonpriority creditor's name and mailing address LIV Natural llc 5522 S 75 W Newry, IN BT34 2BX Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.825	Nonpriority creditor's name and mailing address LiveWell Holdings, LLC 110 S Holland - Sylvania Rd. Newry, OH BT35 6BX Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.826	Nonpriority creditor's name and mailing address Living Lotus CBD Co 550 Parmentier Road Holland, PA 43528 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.827	Nonpriority creditor's name and mailing address Livify Foods LLC 613 Lofstand Ln Suite B Warminster, MD 18974 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.828	Nonpriority creditor's name and mailing address LLFA Health LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Bozeman, Herts 59718-0000 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.829	Nonpriority creditor's name and mailing address LMN Holdings LLC 1312 17th Street, Suite #606 Rockville, CO 20850 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.830	Nonpriority creditor's name and mailing address Lock and Key Remedies 2071 Flatbush Ave Ste2 Denver, NY 80202 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.831	Nonpriority creditor's name and mailing address Logorya Communications Limited 24 Holborn Viaduct, International House Brooklyn, England 11234-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.832	Nonpriority creditor's name and mailing address Lone Star Valley, LLC 4309 Bat Falcon Dr Delaware, TX 43015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.833	Nonpriority creditor's name and mailing address Longhouse Farm LLC 115 East Hill Road Austin, UT 78738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.834	Nonpriority creditor's name and mailing address Lost Lake Supplements LLC 7016 Lakewood Rd Richmond, WA 05477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.835	Nonpriority creditor's name and mailing address Lovena Botanicals LLC 1109 SW First Ave. Ste. F 610 Canby, OR 97013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.836	Nonpriority creditor's name and mailing address Loyal Leaf CBD LLC 3655 Tapestry Terrace Canby, CO 97013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.837	Nonpriority creditor's name and mailing address Lucky John's Distribution Inc 16005 Main St #5 Colorado Springs/CO, CA 80918 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.838 Nonpriority creditor's name and mailing address

**Lux Botanics LLC
105 Wandering Oaks Way
Newry, NC BT35 6BX**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.839 Nonpriority creditor's name and mailing address

**Lux Global Consulting, LLC
111 Thresher Drive
Los Angeles, CA 90064**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.840 Nonpriority creditor's name and mailing address

**Luxe Management Company, LLC
2815 Camino Del Rio S #114
Asheville, CA 28805**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.841 Nonpriority creditor's name and mailing address

**Lynch Acquisitions Inc
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Louth, Herts A91X9K4**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.842 Nonpriority creditor's name and mailing address

**Lynden GmbH
50
Juedenstrasse
San Diego, Germany 92108-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.843 Nonpriority creditor's name and mailing address

**M Six Labs Inc
425 North Progress Drive
Berlin, WI 10178**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.844 Nonpriority creditor's name and mailing address

**M.D. Optical LTD
375 Bradly Circle
Saukville, MI 53080**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.845	Nonpriority creditor's name and mailing address Mabsutlife d.o.o. LTD knezova ulica 001 Rochester Hills, Ljubljana 48085-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.846	Nonpriority creditor's name and mailing address Magic Feather Inc 24625 Halsted Rd Jenison, MI 49423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.847	Nonpriority creditor's name and mailing address Magic Nimbus LLC 1 Elmfield Avenue, Warrenpoint Farmington Hills, Co. Down. 48335-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.848	Nonpriority creditor's name and mailing address Maku Inc 11 River Street Newry, Co. Down. BT343HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.849	Nonpriority creditor's name and mailing address Manatee Marketing LLC 833 Lincoln Blvd, Apt 5 Newry, CA BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.850	Nonpriority creditor's name and mailing address Mantra Theory LLC. 55 Donaghaguy Road Santa Monica, Co. Down. 90403-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.851	Nonpriority creditor's name and mailing address Marketing Services Bend LLC 1465 SW Knoll Ave, Suite 102 Newry, OR BT34 3PR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor T1 Payments, LLC Name _____	Case number (if known) 23-10290
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3.852	Nonpriority creditor's name and mailing address Mary`s Mixers LLC 16869 SW 65th Ave, Suite 130 Bend, OR 97702 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.853	Nonpriority creditor's name and mailing address Mas Duro, LLC South Tower 26 Elmfield Road Lake Oswego, United Kingdom 97035-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.854	Nonpriority creditor's name and mailing address Mask Skin Care LLC 37 Cornelia St Bromley, NY BR1 1LR Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.855	Nonpriority creditor's name and mailing address Massimo Direct INC 349 Mount Side Way New York, SC 10014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.856	Nonpriority creditor's name and mailing address Mastix LLC 10711 GILROY RD Fort Mill, MD 29715 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.857	Nonpriority creditor's name and mailing address MB Premium Health Labs 17-58 Apkasu g. HUNT VALLEY, Lithuania 21031-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.858	Nonpriority creditor's name and mailing address MCA COMERCIO ELECTRONICO, Sociedade Unip 3 Eichhornstra e Leesville, Germany 71446-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.859	Nonpriority creditor's name and mailing address MCBD, LLC 11876 Meadows Road Watford, OR WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.860	Nonpriority creditor's name and mailing address McDonald Carano 2300 West Sahara Avenue Suite 1200 Las Vegas, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.861	Nonpriority creditor's name and mailing address mCig Inc Office 3 Unit R Penfold Works Trading Estate, Imperial W Vilnius, Herts LT 08225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.862	Nonpriority creditor's name and mailing address MCM Consulting 61-105 Weesperstraat Denver, Netherlands 80202-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.863	Nonpriority creditor's name and mailing address Medella Sciences, LLC 6930 Signat Dr White City, TX 97503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.864	Nonpriority creditor's name and mailing address Mediaci Miracles LLC 1A erskine Street Lake Orion, Co. Down. 48359-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.865	Nonpriority creditor's name and mailing address Medical Dynamics Enterprises, Inc. 613 Martin Ave, Suite 100 Houston, CA 77041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.866 Nonpriority creditor's name and mailing address

Medical Import LTD
Ashley House, Office 316, 235-239
High Road
Rohnert Park, England 94928-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.867 Nonpriority creditor's name and mailing address

Medical Mary LLC
3079 S Baldwin Rd #192
London, MI N22 8HF

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.868 Nonpriority creditor's name and mailing address

Medical Organic Cannabis Australia Ltd
11
River Street
Hernando Beach, Co. Down. 34607-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.869 Nonpriority creditor's name and mailing address

Medicci LLC
8725 W 66th Circle
Campbell, CO 63933

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.870 Nonpriority creditor's name and mailing address

Medicine Park SRL
District 1
No. 26 AVIONULUI Street, Office B, 1st f
Arvada, Romania 80004-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.871 Nonpriority creditor's name and mailing address

Medifirst Solutions, Inc.
440 US 9, Suite 1000
Bucharest, NJ 11885

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.872 Nonpriority creditor's name and mailing address

Medistations, LLC
1350 Stephens Drive NE
Freehold, GA 07728

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.873 Nonpriority creditor's name and mailing address

MediTaurus LLC
3139 W. Holcombe Blvd. #142
Atlanta, TX 03714

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.874 Nonpriority creditor's name and mailing address

Medix Wellness LLC
20900 NE 30th Ave Ste 800
Houston, FL 77025

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.875 Nonpriority creditor's name and mailing address

Medori LLC
3625 Braselton Hwy Suite 101
Miami, GA 33180

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.876 Nonpriority creditor's name and mailing address

Medterra CBD LLC
8605 Santa Monica Blvd
Dacula, CA 30019

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.877 Nonpriority creditor's name and mailing address

MelanaWellness, LLC
1905 S Oxford Ave #15
West Hollywood, CA 90069

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.878 Nonpriority creditor's name and mailing address

Meridian International LLC
6
St Colemans Park
Greenwood Village, Co. Down. 80155-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.879 Nonpriority creditor's name and mailing address

Merkabah Labs LLC
13630 Via Varra Road
Los Angeles, CO 90018

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.880 Nonpriority creditor's name and mailing address

Mesoa Trading LTD
The Maltings
East Tyndall Street
Broomfield, Wales 80020-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.881 Nonpriority creditor's name and mailing address

Metabolic Design LLC
21402 Harbor Water Dr
Cardiff, TX CF24 5EA

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.882 Nonpriority creditor's name and mailing address

MGM Holdings LLC
1
Elmfield Avenue, Warrenpoint
Cypress, Co.Down. 77433-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.883 Nonpriority creditor's name and mailing address

MHE Manufacturing LLC
1700 el camino real
Huntington Beach, CA 92648

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.884 Nonpriority creditor's name and mailing address

Michigan Herbal Remedies LLC
904 Chicago Dr.
MI 01000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.885 Nonpriority creditor's name and mailing address

Mid-Columbia Organics, LLC
61-105
Weesperstraat
Atascaderp, Netherlands 93422-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.886 Nonpriority creditor's name and mailing address

Midnight Market, LLC
411 w 4th ave
2D
Amsterdam, AK 1018VN

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.887 Nonpriority creditor's name and mailing address

Midwest Miracle Products LLC
1
Elmfield Avenue
Anchorage, Co. Down. 99501-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.888 Nonpriority creditor's name and mailing address

Mijobi LLC
4600 S Mill Ave #125
Newry, AZ BT34 3HQ

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.889 Nonpriority creditor's name and mailing address

Mike Loves America
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Aurora, Herts 80017-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.890 Nonpriority creditor's name and mailing address

Millenium Marketing Group LLC
55
Donaghaguy Road, Warrenpoint
Tempe, Co. Down 85282-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.891 Nonpriority creditor's name and mailing address

Millman - Derr Center For Eye Care PC
375 Barclay Circle
Newry, MI BT34 3PR

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.892 Nonpriority creditor's name and mailing address

Mind Core Limited
N Wall Quay
Cheyenne, Ireland 82001-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.893 Nonpriority creditor's name and mailing address

Miracle Leaf Corp
2607 N Miami Ave
Portland, FL 97214

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.894 Nonpriority creditor's name and mailing address

Miracle Seed LLC
6
Stralauer Allee
Hernando Beach, Germany 34607-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.895 Nonpriority creditor's name and mailing address

Miracle Smoke INC
4000 Shoal Line BLVD
Miami, FL 33127

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.896 Nonpriority creditor's name and mailing address

Miss Grass INC
522 Grand Blvd
Berlin, CA DE 10245

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.897 Nonpriority creditor's name and mailing address

Mitchell's Medicinals LLC
2347 Sugar Bottom Rd
Venice, PA 90291

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.898 Nonpriority creditor's name and mailing address

Mitra Distribution Inc
1195 Hilton Point Rd
Furlong, SC 18925

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.899 Nonpriority creditor's name and mailing address

MitraSpec LLC
147 Whitfill Rd
Henderson, TX 89052

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.900 Nonpriority creditor's name and mailing address

MJ Esthetics, LLC
2500 Samish Way
#28
Ennis, WA 75119

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.901	Nonpriority creditor's name and mailing address MK Marketing Group, LLC 5314 16 Ave Unit 113 Tahoma, NY 96142 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.902	Nonpriority creditor's name and mailing address MK Ventures LLC 1 Elmfield Avenue Phoenix, Co. Down. 85044-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.903	Nonpriority creditor's name and mailing address MLM Holdings DE II, LLC. 55 Donaghaguy Road Bellingham, Co. Down. 98229-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.904	Nonpriority creditor's name and mailing address MMAB, Inc. 2816 Rowena Ave Suite 3 Newry, CA BT34 3PR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.905	Nonpriority creditor's name and mailing address MMS Distributing, LLC 591 STEWART AVE STE 520 Los Angeles, NY 90039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.906	Nonpriority creditor's name and mailing address MNP INDUSTRIES LLC 4000 Shoal Line Blvd Garden City, FL 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.907	Nonpriority creditor's name and mailing address Modern Healing Co, LLC 13313 174th St. E Newry, WA BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	T1 Payments, LLC		Case number (if known)	23-10290
	Name			
3.908	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Modern Savage LLC	<input type="checkbox"/> Contingent		
	5846 E Creekside Ave #23	<input type="checkbox"/> Unliquidated		
	Long Beach, CA 90807	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.909	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Modest Enterprises LLC	<input type="checkbox"/> Contingent		
	137 W 6th St Unit 303	<input type="checkbox"/> Unliquidated		
	Puyallup, CA 98374	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.910	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Modoc Tribe Financial Services Authority	<input type="checkbox"/> Contingent		
	115	<input type="checkbox"/> Unliquidated		
	Mare Street	<input type="checkbox"/> Disputed		
	Jean, England 89019-0000	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			
3.911	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	MONTANA TRADING SERVICES LTD	<input type="checkbox"/> Contingent		
	Endeavour House 3rd Floor Coopers End Ro	<input type="checkbox"/> Unliquidated		
	Carson City, England 89703-0000	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.912	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Monthly Box LLC	<input type="checkbox"/> Contingent		
	11	<input type="checkbox"/> Unliquidated		
	River Street	<input type="checkbox"/> Disputed		
	London Stansted Airport, Co. Down. CM24	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			
3.913	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Moon Milk, LLC	<input type="checkbox"/> Contingent		
	1B	<input type="checkbox"/> Unliquidated		
	Erskine Street	<input type="checkbox"/> Disputed		
	Newry, Co. Down BT34 2DQ	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			
3.914	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Moonrock Candy Company LLC	<input type="checkbox"/> Contingent		
	2031 N Jackson	<input type="checkbox"/> Unliquidated		
	Newry, TX BT35 6BX	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.915 Nonpriority creditor's name and mailing address

**More Agency Inc.
6645 Allott Ave
Jacksonville, CA 75766**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.916 Nonpriority creditor's name and mailing address

**MORNINGSIDE CHURCH PRODUCTIONS
INC
180 Grace Chapel Rd
Blue Eye, MO 65611**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.917 Nonpriority creditor's name and mailing address

**Morningside Church, Inc
180 Grace Chapel Rd
Valley Glen, MO 91401**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.918 Nonpriority creditor's name and mailing address

**Motark Enterprise Ltd
3
Axel-Springer-Platz
Blue Eye, Germany 65611-0000**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.919 Nonpriority creditor's name and mailing address

**Mountain High Cleaning, LLC
9042 scenic d
Hamburg, CA HA 20355**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.920 Nonpriority creditor's name and mailing address

**Mountain Pure LLC
5749 Hidden Ridge Lane
Brooklyn, LA 11204**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.921 Nonpriority creditor's name and mailing address

**Moxie Online LLC
2035 Sunset Lake Rd STE B2
Baton Rouge, DE 70816**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.922	Nonpriority creditor's name and mailing address Moya - Consultancy, Guidance & Sales Cyp Patsalos House, 2nd Floor, Office 202, 3 Griva Digeni Newark, Cyprus 19702-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.923	Nonpriority creditor's name and mailing address MPact 360 LLC 4220 Duncan Ave Suite 201 Larnaca, MO 00603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.924	Nonpriority creditor's name and mailing address MrVapes Australia Limited Aldgate Tower, 2 Leman St, Whitechapel St Louis, England 63110-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.925	Nonpriority creditor's name and mailing address MSM Group Inc. 221 Kensington Road Pensacola, NY 32504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.926	Nonpriority creditor's name and mailing address Mundial Investment Group, Inc 8204 Lins Ave London, CA E1 8FA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.927	Nonpriority creditor's name and mailing address MVN Eyes Inc 13521 Alondra Blvd Los Angeles, CA 90046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.928	Nonpriority creditor's name and mailing address My Daily Choice 9205 West Russell Road Ste 240 Louisville, NV 40299 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.929 Nonpriority creditor's name and mailing address

My Dog's Bakery LLC
Office 3 Unit R
Penfold Works, Imperial Way
Santa Cruz, Herts 95062-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.930 Nonpriority creditor's name and mailing address

My Store Depot LLC
307 Bradford Lane
London, NJ E1 8FA

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.931 Nonpriority creditor's name and mailing address

Myaderm Inc
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Bloomsburg, Herts 08804-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.932 Nonpriority creditor's name and mailing address

MYC Media Private LTD
61-105
Weesperstraat
Watford, Netherlands WD24 4YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.933 Nonpriority creditor's name and mailing address

Myntx LLC
4211 N 560 E
Watford, UT WD24 4YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.934 Nonpriority creditor's name and mailing address

MZR Enterprises, Inc.
219 3frt
Alameda das Linhas de Torres
Provo, Portugal 94604-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.935 Nonpriority creditor's name and mailing address

NAKV Enterprises Inc
706 Cheney Highway
San Antonio, FL 78217

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.936 Nonpriority creditor's name and mailing address

Name Brand Management LLC
2232 s main st #433
Titusville, MI 32780

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.937 Nonpriority creditor's name and mailing address

Nameless Holdings LLC
1002 S Harbour Island BLVD Unit #1409
Ann Arbor, FL 48103

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.938 Nonpriority creditor's name and mailing address

Nano Pharm LLC
1A
Erksine Street
Irvine, Co. Down. 92612-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.939 Nonpriority creditor's name and mailing address

Nano101
2091 Business Center Drive, Suite 215
Tampa, CA 33602

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.940 Nonpriority creditor's name and mailing address

Naser M Daifallah
11
River Street
Manchester, Co. Down. M2 6DS

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.941 Nonpriority creditor's name and mailing address

National Appliance Cover LTD
61
Bridge Street
Dunstable, England England

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.942 Nonpriority creditor's name and mailing address

National Botanicals, LLC
1800 NE LOOP 410
ste 206
Lisboa, TX 1750-144

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.943	Nonpriority creditor's name and mailing address Native Distributing LLC Office 3 Unit R Penfold Works, Imperial Way Newry, Herts BT343HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.944	Nonpriority creditor's name and mailing address Natively LLC 112 Burren Road Kington, Co. Down. HR5 3DJ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.945	Nonpriority creditor's name and mailing address Natural Agents LLC 35 E. Agate St. #402 Newry, NV BT34 3XT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.946	Nonpriority creditor's name and mailing address Natural CBD NM LLC 122 Bryn Mawr Dr SE Manchester, NM M2 6DS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.947	Nonpriority creditor's name and mailing address Natural de Mexico LLC 4336 Oregon St Apt 5 Las Vegas, CA 89123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.948	Nonpriority creditor's name and mailing address Natural Dynamics INC 3021 W 40th AVE Tarzana, CO 91356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.949	Nonpriority creditor's name and mailing address Natural Health CBD 27 Boyce's Street, Brighton Watford, England WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.950 Nonpriority creditor's name and mailing address

Natural Hemp Oil Inc
1
Elmfield Avenue, Warrenpoint
East Sussex, Co. Down. BN1 1AL

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.951 Nonpriority creditor's name and mailing address

Natural Pure LLC
61-105
Weesperstraat
Watford, Netherlands WD244YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.952 Nonpriority creditor's name and mailing address

Natural Solutions Direct, Inc
100 Cummings Center
suite 354B
Amsterdam, MA 1018VN

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.953 Nonpriority creditor's name and mailing address

Naturally Hemp LLC
1653 E Spur Street
Gilbert, AZ 85296

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.954 Nonpriority creditor's name and mailing address

Nature Catalyst LLC
750 SW 9th Ave Apt 1814
Gilbert, OR 85296

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.955 Nonpriority creditor's name and mailing address

Nature Gains LLC
235 Follyhatch
Portland, CA 97205

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.956 Nonpriority creditor's name and mailing address

Nature Life Organics Inc
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
Irvine, Herts 92618-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	T1 Payments, LLC Name _____	Case number (if known)	23-10290
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3.957	Nonpriority creditor's name and mailing address Nature's Beneficials Inc 321-323 High Road, Chadwell Health Liverpool, England L3 9QJ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.958	Nonpriority creditor's name and mailing address Nature's Best Relief Inc 1B Erskine Street Romford, Co. Down. RM6 6AX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.959	Nonpriority creditor's name and mailing address Nature's Way Creating Better Days Inc Office 3 Unit R Penfold Works Trading Estate, Imperial W Glendale, Herts 85308-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.960	Nonpriority creditor's name and mailing address Nature's Peak LLC 3951 N Williams Ave #203 Watford, OR WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.961	Nonpriority creditor's name and mailing address Nature's Reserve Products LLC 526 Palmer Farm Dr Watford, PA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.962	Nonpriority creditor's name and mailing address Nature's Way Botanicals LLC 18237 N 57th Ave. Yardley, AZ 19067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.963	Nonpriority creditor's name and mailing address Naturecan LLC 2330 Ponce de Leon Blvd Encino, FL 91436 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.964	Nonpriority creditor's name and mailing address Naturecan LTD The Plaza C/O Langtons, 11th floor, 100 Old Hall Street Coral Gables,, England 33134-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.965	Nonpriority creditor's name and mailing address NatureRx LLC 16350 Ventura Blvd Ste D275 Watford, CA WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.966	Nonpriority creditor's name and mailing address Natures Gem LLC 11468 Lake Stonebridge Lane Watford, IN WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.967	Nonpriority creditor's name and mailing address Natures Innovations LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Watford, Herts WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.968	Nonpriority creditor's name and mailing address Natures Range Inc Office 3 Unit R Penfold Works Trading Estate, Imperial W Fishers, Herts 46037-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.969	Nonpriority creditor's name and mailing address Naturopathic Consulting LLC 1B Erskine Street Portland, Co. Down. 97227-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.970	Nonpriority creditor's name and mailing address NE Hemp Farm LLC 13 Fort Hill Rd Newry, CT BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.971 Nonpriority creditor's name and mailing address

Nectar Leaf, LLC
PO Box 99912
Berkeley, PA 94705

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.972 Nonpriority creditor's name and mailing address

Nectar, LLC
995 W Cyan Valley Way
Groton, UT 06340

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.973 Nonpriority creditor's name and mailing address

Ned and Co. LLC
6724 Olde Stage Rd.
Bluffdale, CO 84065

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.974 Nonpriority creditor's name and mailing address

Neighborhood Boxing Club LLC
6090 Huntley Rd
Boulder, OH 80302

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.975 Nonpriority creditor's name and mailing address

Neoteric Nutra
203 N?Lasalle St STE 2550
Colombus, IL 43229

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.976 Nonpriority creditor's name and mailing address

Nerfherder Distribution, LLC
6
Stralauer Allee
Cicago, Germany 60601-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.977 Nonpriority creditor's name and mailing address

Nester Brothers LLC
Office 3 Unit R
Penfold Works Trading Estate, Imperial W
New York, Herts 10010-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.978 Nonpriority creditor's name and mailing address

NeuAxiom LLC
2117 Lewis St
Berlin, CA BE 10245

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.979 Nonpriority creditor's name and mailing address

Neuro Armour LLC
2020 Fieldstone Parkway, Ste 900-175
Hercules, TN 94547

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.980 Nonpriority creditor's name and mailing address

Neurogan INC
8515 Miramar PI
Franklin, CA 37069

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.981 Nonpriority creditor's name and mailing address

New Day Farming, LLC
182 Longstreet Dr.
Watford, PA WD244YY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.982 Nonpriority creditor's name and mailing address

New Leaf Botanicals LLC
Office 3 Unit R
Penfold Works, Imperial Way
Gettysburg, Herts 17325-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.983 Nonpriority creditor's name and mailing address

New Life CBD, LLC.
234 Fairfax Ave
Newry, NC BT35 6BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.984 Nonpriority creditor's name and mailing address

New Turf Supplements LLC
1555 N. Astro St. #23NE
Asheville, IL 28806

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.985 Nonpriority creditor's name and mailing address

New U Life Corporation
1b
Erskine Street
Chicago, Co. Down. 60610-0000

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.986 Nonpriority creditor's name and mailing address

NewDev Distribution LTD
69
Canal Street
Newry, Co. Down. BT35 6BX

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.987 Nonpriority creditor's name and mailing address

NeWhere INC
1981 Nordhoff PI Unit 107
Lilburn, CA 30047

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.988 Nonpriority creditor's name and mailing address

Newsourse Wellness LLC
403 West Live Oak Street
Newry, TX BT35 6JF

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.989 Nonpriority creditor's name and mailing address

Next Generation Investments INC
975 E 22nd Street, Suite 200
Austin, IL 78704

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.990 Nonpriority creditor's name and mailing address

Next Level Health LLC
6341 Klamath Dr
Hamburg, CA DE 20355

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.991 Nonpriority creditor's name and mailing address

Nexzol pharma Inc.
1001 Aveinda Pico STE 150
Weaton, CA 60189

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **T1 Payments, LLC**

Name

Case number (if known)

23-10290

3.992	Nonpriority creditor's name and mailing address Nganic LLC 14135 Moonrise Ct. San Clemente, NV 92673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.993	Nonpriority creditor's name and mailing address Nine2Five, LLC 219 3frt Alameda das Linhas de Torres Reno, Portugal 89511-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.994	Nonpriority creditor's name and mailing address NJR ENTERPRISES INTL LLC 537 McPherson Dr Watford, FL WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.995	Nonpriority creditor's name and mailing address NLP Home Services LTD Rodney Chamers, 40 Rodney Street Alford, England 32420-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.996	Nonpriority creditor's name and mailing address No Wait Nation Inc. 745 Atlantic Ave Liverpool, MA L1 9aa Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.997	Nonpriority creditor's name and mailing address Noatun, LLC 94 Old Highway Boston 02111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.998	Nonpriority creditor's name and mailing address Noble Soul Farm LLC 24219 State Hwy 94 Hoddesdon, CO EN11 ONN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.999	Nonpriority creditor's name and mailing address Nomba One LLC 11 River Street Calhan, Co. Down. 80808-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.100 0	Nonpriority creditor's name and mailing address Nootropic Health Labs LLC 18711 Sherman Way #106E Austin, CA 78704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.100 1	Nonpriority creditor's name and mailing address Normad Inc 2418 Hollywood Blvd Hollywood, FL 33020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.100 2	Nonpriority creditor's name and mailing address Norris Productions Office 3 Unit R Penfold Works Trading Estate, Imperial W Newry, Herts BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.100 3	Nonpriority creditor's name and mailing address North & South Pty LTD 86 Carrer Tanger Dublin, Spain D D1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.100 4	Nonpriority creditor's name and mailing address Northern Virginia Hemp and Agriculture L 9481 Walsingham In Newry, VA BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.100 5	Nonpriority creditor's name and mailing address Northland RAD LLC 7 Wilson Business Park Monsall Road, Breckenridge, England 80424-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.100 6	Nonpriority creditor's name and mailing address Noteworthy Products LLC 6625 Delmonico Drive Marshall, CO 20115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.100 7	Nonpriority creditor's name and mailing address NOTG LLC 45 Rose Ave apt 13 Colorado Springs, CA 80919 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.100 8	Nonpriority creditor's name and mailing address Nova Botanix Limited International House, 24 Holborn Viaduct Veince, England 90291-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.100 9	Nonpriority creditor's name and mailing address Nova LLC 312 9th Ave SE - STE B Mariana Del Rey, SD 90292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.101 0	Nonpriority creditor's name and mailing address Nspire Network Albert House, 42 Seymour Road London EC1A 2BN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.101 1	Nonpriority creditor's name and mailing address Nude Nicotine, Inc 10054 Mesa Ridge CT The Woodlands, CA 77375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.101 2	Nonpriority creditor's name and mailing address NuLifeHealth and Wellness Corp 2915 S. Fairview St. Unit A Newry, CA BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.101 3	Nonpriority creditor's name and mailing address Nutra Essence Inc 5384 56th Ave N Santa Ana, FL 92704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 4	Nonpriority creditor's name and mailing address Nutralife Wellness LLC 6048 Cornerstone W CT Suite A1 St Petersburg, CA 33709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 5	Nonpriority creditor's name and mailing address Nutrasal Inc. 8541 E Anderson Dr. Suite 107 San Diego, AZ 92121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 6	Nonpriority creditor's name and mailing address Nutriseeds Inc 11 River Street Scottsdale, Co. Down. 85255-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 7	Nonpriority creditor's name and mailing address Nutronix Revolution, Inc. 6129 Pond Grass Rd Newry, VA BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 8	Nonpriority creditor's name and mailing address NuYugen Inc 6 Stralauer Allee Mechanicsville, Germany 23111-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 9	Nonpriority creditor's name and mailing address NVMe Global LLC 2076 Towner Rd Berlin, MI DE 10245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.102 0	Nonpriority creditor's name and mailing address NWB Distribution LP 26400 Kuykendahl rd Warrenpoint, TX BT34 3HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102 1	Nonpriority creditor's name and mailing address NXGEN Brands LLC 4350 Oak Road, Suite 510 Haslett, FL 48823 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102 2	Nonpriority creditor's name and mailing address Nyvana Limited Winnington House 2 Woodberry Grove, North Finchley Davie, England 33314-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102 3	Nonpriority creditor's name and mailing address Oasis Start Ltd 54 Bury New Road Aiea, England 96701-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102 4	Nonpriority creditor's name and mailing address OCN Enterprises LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Eastsound, Herts 98245-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102 5	Nonpriority creditor's name and mailing address Okemos Apothecary, LLC 11 Carrer de Bailen, Bajos Frankfurt, Spain HE 60329 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102 6	Nonpriority creditor's name and mailing address Omega Labs Ltd 2 Woodberry Grove Las Vegas, England 89139-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.102 7	Nonpriority creditor's name and mailing address Omni Consumer Products LLC 1650 Pennystone Trail London, SC N120DR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 8	Nonpriority creditor's name and mailing address On The Green CBD UK LTD 47A Prideaux Road La Miranda, England 90638-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 9	Nonpriority creditor's name and mailing address One Daze Ventures Inc. 13170 Spring Street Eastbourne, CA BN21 2NB Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.103 0	Nonpriority creditor's name and mailing address One Up Group, LLC 1400 W 10th St Ste 100 Smyrna, OH 37167 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.103 1	Nonpriority creditor's name and mailing address One Vision Inc Office 3 Unit R Penfold Works Trading Estate, Imperial W Newry, Herts BT34 3PR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.103 2	Nonpriority creditor's name and mailing address Onerun INC 18627 Brookhurst St #140 Oceanside, CA 92056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.103 3	Nonpriority creditor's name and mailing address OneRun LLC 55 E. Agate Ave 401 Fountain Valley, NV 92708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.103 4	Nonpriority creditor's name and mailing address OneTwoSlim Office 3 Unit R Penfold Works Trading Estate, Imperial W Las Vegas, Herts 89123-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.103 5	Nonpriority creditor's name and mailing address Online Express LLC 302 Zemp Way Ne Watford, WA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.103 6	Nonpriority creditor's name and mailing address Onyx and Rose LLC Mailbox 9000-9060 1 Courtney Hill, Abby Yard Studios North Bend, Co. Down. 98045-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.103 7	Nonpriority creditor's name and mailing address Oola Tea LLC 5348 Las Vegas Dr. Newry, NV BT34 2EA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.103 8	Nonpriority creditor's name and mailing address Opal CBD LLC 107 Corporate Dr. Las Vegas, SC 89108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.103 9	Nonpriority creditor's name and mailing address Orcasong Botanicals LLC 139 Geiser's Way Spartanburg, WA 29303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104 0	Nonpriority creditor's name and mailing address Ordinary Vegan LLC 2901 EdgewickRoad Watford, CA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.104 1	Nonpriority creditor's name and mailing address Oregon Thin Film Distribution Corporatio 437 N Columbia Blvd Glendale, OR 91206 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104 2	Nonpriority creditor's name and mailing address Organa Holdings LLC 11954 Narcoosse Rd Ste 2-11 Portland, FL 97217 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104 3	Nonpriority creditor's name and mailing address Organic - Scientific LLC 910 NW 128 CT Watford, FL WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104 4	Nonpriority creditor's name and mailing address Organic Beauty LLC 1167 McMurdo Cir Orlando, CO 32832 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104 5	Nonpriority creditor's name and mailing address Organic Earth LLC 90 west 500 south #337 Castle Rock, UT 80108 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104 6	Nonpriority creditor's name and mailing address Organic Health Pros Office 3 Unit R Penfold Works Trading Estate, Imperial W Bountiful, Herts 84910-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104 7	Nonpriority creditor's name and mailing address Orgk Supply Corp 8570 Stirling Rd 102-350 Miami, FL 33182 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.104 8	Nonpriority creditor's name and mailing address Otie's Botanicals, LLC 115 Mare Street San Antonio, England 78233-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104 9	Nonpriority creditor's name and mailing address OTO International Ltd WORK.LIFE, 174 HAMMERSMITH RD London, England E8 4RU Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 0	Nonpriority creditor's name and mailing address Otto Medica Co 65 E Hamilton Ave LONDON, NJ W6 7JP Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 1	Nonpriority creditor's name and mailing address Outcast Distribution, LLC 2201 N Lakewood Blvd Suite D 636 Englewood, CA 07631 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 2	Nonpriority creditor's name and mailing address Overlay Fantasy Sports, Inc. 12844 Landale St Long Beach, CA 90815 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 3	Nonpriority creditor's name and mailing address Owego Hemp LLC 78 Gaskill Rd Studio City, NY 91604 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 4	Nonpriority creditor's name and mailing address Ozterra LLC 1706 S. Walton Blvd #3390 Owego, AR 13827 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.105 5	Nonpriority creditor's name and mailing address P4P Therapeutics LLC 2911 Bel Air Dr. Bentonville, NV 72712 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 6	Nonpriority creditor's name and mailing address Pacific Square LLC 2425 Westinghouse Ste 103 Las Vegas, CA 89109 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 7	Nonpriority creditor's name and mailing address Paleo Paw Corp 7660 Fay Ave #322 Barcelona, CA B 08018 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 8	Nonpriority creditor's name and mailing address PANDACORP SAS 27 rue Elsa Triolet San Diego, France 92111-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 9	Nonpriority creditor's name and mailing address PaNiKa UG 10 Kelterstr Dijon, Germany 21000-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 0	Nonpriority creditor's name and mailing address Papa and Barkley Essentials LLC 1245 Champa Street Ispringen, CO 75228 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 1	Nonpriority creditor's name and mailing address Papaya Gaming Inc. 3500 South DuPont Highway Denver, DE 80204 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.106 2	Nonpriority creditor's name and mailing address Paradigm Solutions LLC 30 N Gould St. Suite 2380 Dover, WY 19901 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 3	Nonpriority creditor's name and mailing address Paragon Corp 6425 W 52nd Ave #8 Henderson, CO 89014 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 4	Nonpriority creditor's name and mailing address Passport and Visas.com LLC 7878 Roswell Rd. Suite M Sheridan, GA 82801 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 5	Nonpriority creditor's name and mailing address Patriotic American Supplements, LLC 112 Burren Road Atlanta, Co. Down. 30350-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 6	Nonpriority creditor's name and mailing address Paw Paw's LLC 1B Erskine Street Newry, Co. Down. BT34 3XT Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 7	Nonpriority creditor's name and mailing address Paw Puddy Pet Products Office 3 Unit R Penfold Works, Imperial Way New York, Herts 10014-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 8	Nonpriority creditor's name and mailing address Pawsible Love LLC 2800 N Speer Blvd Newry, CO BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.106 9	Nonpriority creditor's name and mailing address PCR Management LLC 4410 W Union Hills Dr. Suite 7-123 Denver, AZ 80211 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 0	Nonpriority creditor's name and mailing address PCR Naturals INC 2332 Alameda Ave Glendale, CA 85308 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 1	Nonpriority creditor's name and mailing address PDX Aromatics, LLC 2170 N Lewis Ave Alameda, OR 94501 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 2	Nonpriority creditor's name and mailing address Pdextrakts LLC 1045 NW Noble Drive Portland, OR 97227 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 3	Nonpriority creditor's name and mailing address Peacock Perfect Products LLC 100 Woodview Way #1432 Portland, MA 97023 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 4	Nonpriority creditor's name and mailing address Peak of Panic, LLC 7121 royal view drive Franklin, TX 02038 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 5	Nonpriority creditor's name and mailing address Pearl Castle, LLC 30 Wooden Ln McKinney, VA 75070 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.107 6	Nonpriority creditor's name and mailing address Penguin Wellness LLC 651 N Broad St, Suite 205 #763 Front Royal, DE 22630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 7	Nonpriority creditor's name and mailing address Performance ROI Consulting, LLC 948 Warren Road Middletown, NY 19709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 8	Nonpriority creditor's name and mailing address Pet Tonics LLC 1028 Village Pkwy Newry, TX BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 9	Nonpriority creditor's name and mailing address Pet Vet Co LLC 51 River Bend Way, Suite 300 Manchester, UT M3 3JE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 0	Nonpriority creditor's name and mailing address Petal Global LLC 2005 Mimosa Dr Coppell, TX 75019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 1	Nonpriority creditor's name and mailing address PFX LABS LTD 61 Bridge Street Corsicana, England 75110-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 2	Nonpriority creditor's name and mailing address Phivida Organics INC 1070-1200 West 73rd Ave Kington, BC, Canada V6P 6G HR5 3DJ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.108 3	Nonpriority creditor's name and mailing address Phoenix Tears Network 80 S Gibson Road Suite 1318 Vancouver, NV 00005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108 4	Nonpriority creditor's name and mailing address Phoria LLC 311 Mount View Lane Henderson, CO 89012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108 5	Nonpriority creditor's name and mailing address Physician Health Solutions LLC Regus World Trade Center Muelle de Barcelona, edif. Sur, 2a Plant St Petersburg, Spain 33703-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108 6	Nonpriority creditor's name and mailing address PhytAge Labs, LLC 1108 Lava Street, Suite 110-338 Colorado Springs, TX 80907 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108 7	Nonpriority creditor's name and mailing address Phyto Genesis Laboratories, LLC 809 W. Thomas L Parkway Suite 1 Austin, MI 78701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108 8	Nonpriority creditor's name and mailing address Phyto Industries Inc 1a Erskine Street Lansing, Co. Down. 48917-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108 9	Nonpriority creditor's name and mailing address Piffcare Inc 3207 Poplar St newry, NY BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.109 0	Nonpriority creditor's name and mailing address Pineapple Ventures PTY LTD 6 Stralauer Allee Yorktown Heights, Germany 10598-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 1	Nonpriority creditor's name and mailing address Pink Collections Inc. 421N Rodeo Dr P4 Berlin, CA BE 10245 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 2	Nonpriority creditor's name and mailing address Pink Zebra Nutra 1507 7th Street, Suite #325 Beverly Hills, CA 90210 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 3	Nonpriority creditor's name and mailing address Pioneer Valley Extracts, LLC 69 canal Street Santa Monica, Co. Down. 90401-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 4	Nonpriority creditor's name and mailing address PJ Marketing LLC 2452 W Pampa Circle newry, AZ BT35 6JF Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 5	Nonpriority creditor's name and mailing address PL Brands 10 The Crescent Mesa, UK 85202 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 6	Nonpriority creditor's name and mailing address Plant Health Inc 7 Wilson Business Park Monsall Road, Newry, England BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.109 7	Nonpriority creditor's name and mailing address Plant Juice Oils LLC 243 W 72nd St Farnham, NY GU9 0LE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 8	Nonpriority creditor's name and mailing address Plant People Inc 1a Erskine Street NewYork, Co. Down. 10023-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 9	Nonpriority creditor's name and mailing address Planted Now Grow LLC 1142 Marquis Rd Newry, SC BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 0	Nonpriority creditor's name and mailing address Plantum International, Inc 165 C Weteringschans North Charleston, Netherlands 29405-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 1	Nonpriority creditor's name and mailing address Plants Not Pills GP Inc Mailbox 6000-6060 6 St. Colmans Park Newry, Co. Down. BT34 2BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 2	Nonpriority creditor's name and mailing address Platinum Vapor LLC 105 Jefferson St Newry, TN BT34 2BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 3	Nonpriority creditor's name and mailing address PNP Marketing Inc. 300 Delaware Ave. Ste 210-A Amsterdam, DE 1017XD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.110 4	Nonpriority creditor's name and mailing address Pod Vapes Limited 27 St Andrews Street Haslemere, Scotland GU27 2LA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 5	Nonpriority creditor's name and mailing address Porsche Financial Services Customer Service One Porsche Drive Atlanta, GA 30354 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 6	Nonpriority creditor's name and mailing address Power Distribution LLC 242 Route 79 N Ste 3 Tempe, NJ 85284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 7	Nonpriority creditor's name and mailing address Power International, LLC P.O. Box 19485 Newry, NV BT34 3PR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 8	Nonpriority creditor's name and mailing address Prehemptive LLC 14013 Captains Row #316 Morganville, CA 07751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 9	Nonpriority creditor's name and mailing address Premier Biomedical Inc 1362 Springfield Church Rd. Marina Del Rey, PA 90292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.111 0	Nonpriority creditor's name and mailing address Premier Commerce Associates LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W San Diego, Herts 92104-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.111 1	Nonpriority creditor's name and mailing address Premier Organic Solutions, LLC 10990 Cattail Path Jackson Center, MN 16133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111 2	Nonpriority creditor's name and mailing address Premium Products Inc. 1b Erskine Street Osseo, Co. Down. 55369-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111 3	Nonpriority creditor's name and mailing address Prestige CBD Inc. 7801 Alabama Ave, Unit 19 Willoughby, CA 44094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111 4	Nonpriority creditor's name and mailing address Priscotty LLC 9414 E San Salvador Dr Ste 115 Canoga Park, AZ 91304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111 5	Nonpriority creditor's name and mailing address Prism Science Ireland Limited ERI Building Lee Road Scottsdale, Ireland 85258-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111 6	Nonpriority creditor's name and mailing address Prism Wellness LLC 1867 Williams Hwy, Ste 274 Cork, OR T23 XE10 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111 7	Nonpriority creditor's name and mailing address Private Label Productions LLC 28790 South Diesel Drive Suite 10/11/12 Grants Pass, FL 97527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.111 8	Nonpriority creditor's name and mailing address Procana Laboratories 11 River Street Bonita Springs, Co. Down. 34135-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.111 9	Nonpriority creditor's name and mailing address Progressive Botanicals LLC 8 The Green Suite A Newry, DL BT34 2DQ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112 0	Nonpriority creditor's name and mailing address Progressive Herb LLC 72 High Street Dover, Surrey 19901-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112 1	Nonpriority creditor's name and mailing address Proleve Distribution LLC 69 Canal Street Haslemere, Co. Down. GU27 2LA Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112 2	Nonpriority creditor's name and mailing address ProlifeCBD LTD 3 Shawbury Village Shawbury Lane, Coleshil Newry, England BT35 6JF Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112 3	Nonpriority creditor's name and mailing address Prolific Nutrition LLC 201 Milwaukee St Ste 200 Birmingham, CO B46 2RU Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112 4	Nonpriority creditor's name and mailing address Proline Performance Nutrition LLC 7161 E. Rancho Vista Drive unit 3008 Denver, AZ 80206 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.112 5	Nonpriority creditor's name and mailing address Promed Biosciences Inc. 10901 Roosevelt Blvd N Bldg C Suite 1000 Scottsdale, FL 85251 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112 6	Nonpriority creditor's name and mailing address PROMUSCLE PRODUCTS SUPPLEMENTS LIMITED 280 Church Street St. Petersburg, England 33716-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112 7	Nonpriority creditor's name and mailing address Proper Wellness LLC 1404 Mango Drive, Apt B Blackpool, CA FY1 3PZ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112 8	Nonpriority creditor's name and mailing address PSO - Rite.com, LLC 1815 Purdy Ave. Fort Lauderdale, FL 33316 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112 9	Nonpriority creditor's name and mailing address PT Digital Masa Depan 86 Carrer Tanger Hesperia, Spain 92344-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113 0	Nonpriority creditor's name and mailing address Pura Vida Vitamins LLC. 11 River Street West Palm Beach, Co. Down. 33413-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.113 1	Nonpriority creditor's name and mailing address Pure and Natural One LLC 1301 E Debbire Lane 102 160 Newry, TC BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113 2	Nonpriority creditor's name and mailing address Pure Bella LLC 1b Erskine Street Mansfield, Co. Down. 76063-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113 3	Nonpriority creditor's name and mailing address Pure Health Tonics LLC 34 Fawn Dr. Newry, PA BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113 4	Nonpriority creditor's name and mailing address Pure Hemp Labs Office 3 Unit R Penfold Works Trading Estate, Imperial W Reading, Herts 19607-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113 5	Nonpriority creditor's name and mailing address Pure Hemp Living LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Watford, Herts WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113 6	Nonpriority creditor's name and mailing address Pure Kana LLC 3015 N Scottsdale Rd #3139 Elk Grove, AZ 95624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113 7	Nonpriority creditor's name and mailing address Pure Life Holdings LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Myrtle Beach, Herts 29577-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.113 8	Nonpriority creditor's name and mailing address Pure Naturals LLC 5915 Brierglen Avenue Watford, TN WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113 9	Nonpriority creditor's name and mailing address Pure Niyama, Inc 2035 Sunset Lake Road, Suite B-2 Memphis, DE 38120 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 0	Nonpriority creditor's name and mailing address Pure Plant Health LLC 1B Erskine Street Columbia, Co. Down. 21044-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 1	Nonpriority creditor's name and mailing address Pure Science Lab INC 6574 N State Road 7 Suite 392 San Diego, FL 92110 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 2	Nonpriority creditor's name and mailing address Pure Source Labs Inc 2218 Hemlock St Coconut Creek, CA 33073 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 3	Nonpriority creditor's name and mailing address Pure Spectrum CBD LLC 35415 US Hwy 40 Eureka, CO 95503 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 4	Nonpriority creditor's name and mailing address Pure11 LLC 18590 Harbor Light Way Evergreen, FL 80439 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.114 5	Nonpriority creditor's name and mailing address PureEaze LLC 8265 Keegan Way Boca Raton, CA 33498 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 6	Nonpriority creditor's name and mailing address Purhealthrx LLC 601 E Charleston Blvd Suite 100 Scottsdale, NV 85251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 7	Nonpriority creditor's name and mailing address PurMed Global LLC 95 NE 4th Ave, Suite #100 Las Vegas, FL 89104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 8	Nonpriority creditor's name and mailing address PurO3 LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Watford, Herts WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 9	Nonpriority creditor's name and mailing address Purple Planet Inc Mailbox 6000-6060 6 St. Colmans Park Delray Beach, Co. Down. 33483-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 0	Nonpriority creditor's name and mailing address PX International 2109 Mission Peak Cir. Newry, NV BT34 2BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 1	Nonpriority creditor's name and mailing address QB Health LLC 9094 Jutz Crossing Las Vegas, MN 89146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.115 2	Nonpriority creditor's name and mailing address QC Infusion Inc 2692 Madison Rd. Ste 176 Delano, OH 55328 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 3	Nonpriority creditor's name and mailing address Qemp, Inc. 2901 W. Bluegrass Blvd. Suite 100 Cincinnati, UT 45208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 4	Nonpriority creditor's name and mailing address Qt Lifestyle Brands LLC 440 Starfire Causeway West Hollywood, FL 90069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 5	Nonpriority creditor's name and mailing address Quality Chemical Company LLC 24589 Richman Drive Lehi, CA 84043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 6	Nonpriority creditor's name and mailing address Quality Marketing Group Office 3 Unit R Penfold Works Trading Estate, Imperial W Loma Linda, Herts 92354-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 7	Nonpriority creditor's name and mailing address Quicksilver Scientific 1376 Miners Drive Suite 101 Atlanta, CO 31146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 8	Nonpriority creditor's name and mailing address Quiet Trees LLC 1 Elmfield Avenue, Warrenpoint Watford, Co. Down. WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.115 9	Nonpriority creditor's name and mailing address R34 Investments 5420 S Quebec St Suite 200 Roseville, CO 95661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 0	Nonpriority creditor's name and mailing address RA Royal LLC 21 Wood Crest Ln Watford, FL WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 1	Nonpriority creditor's name and mailing address Rancho Organics, LLC PO Box 1038 Palm Coast, CA 32164 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 2	Nonpriority creditor's name and mailing address Rapeed Limited Aldgate Tower, 2 Leman St, Whitechapel London, England E1 8FA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 3	Nonpriority creditor's name and mailing address Ravana Organics LLC 2316 West 96th Street Portland, KS 97123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 4	Nonpriority creditor's name and mailing address Ravenna LLC 55 Donaghaguy Road Leakwood, Co. Down. 66206-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 5	Nonpriority creditor's name and mailing address RE Botanicals, Inc. 1624 Market St. Suite 202 - PMB 91700 London, CO E8 4RU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.116 6	Nonpriority creditor's name and mailing address Real Food Vitamins LLC 2751 Hennepin Ave S. #132 Amsterdam, MN 1018VN Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 7	Nonpriority creditor's name and mailing address Real Releaf, Inc. 2101 E. Cooley Dr Minneapolis, CA 55408 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 8	Nonpriority creditor's name and mailing address Rebellion CBD Co. LLC 3 Eichhornstra e Colton, Germany 92324-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 9	Nonpriority creditor's name and mailing address Rebels and Roses Inc, LLC 1756 North Bayshore Drive 11 B Berlin, FL DE 10785 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117 0	Nonpriority creditor's name and mailing address Reborn Pure LLC 1420 E. Roseville Pkwy, Suite 140-PMB 51 Miami, CA 33132 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117 1	Nonpriority creditor's name and mailing address REcoup123 LLC 3505 Sonoma Blvd Ste. 20-226 Greenwood Village, CA 80123 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117 2	Nonpriority creditor's name and mailing address Red Cape Global LLC 215 S Rockford Dr Vallejo, AZ 94590 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.117 3	Nonpriority creditor's name and mailing address RedHemp Switzerland Sarl N Wall Quay Tempe, Ireland 85281-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117 4	Nonpriority creditor's name and mailing address Redmon Company Inc Office 3 Unit R Penfold Works, Imperial Way Boulder, Herts 80306-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117 5	Nonpriority creditor's name and mailing address Redstrap LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Lemoore, Herts 93245-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117 6	Nonpriority creditor's name and mailing address ree4 inc 7029 Topanga Canyon Blvd Barcelona, CA B 08008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117 7	Nonpriority creditor's name and mailing address Regenecs LLC 1605 SE 27TH AVE Rochester Hills, OR 48307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117 8	Nonpriority creditor's name and mailing address Regener8tion LLC 92 Corporate Park C92 Canoga Park, CA 91303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117 9	Nonpriority creditor's name and mailing address Rejuv LLC. 5142 W Sweet Iron Pass Irvine, AZ 92606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.118 0	Nonpriority creditor's name and mailing address Releaf Therapy LLC 55 Donaghaguy Road, Warrenpoint Phoenix, Co. Down. 85083-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 1	Nonpriority creditor's name and mailing address Relegated Renegades LLC 24 Uxbridge Street Newry, NY BT34 3PR Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 2	Nonpriority creditor's name and mailing address Relief Brands USA Inc 1001 Bannock Street, Suite 36 Las Vegas, CO 89104 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 3	Nonpriority creditor's name and mailing address Relief Scout, Inc. 270 Boston Road Staten Island, MA 10314 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 4	Nonpriority creditor's name and mailing address Relyf LLC 3027 6th Avenue South San Francisco, AL 94109 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 5	Nonpriority creditor's name and mailing address Remed Leaf LLC 14 Greenbriar Ct. Birmingham, NJ 35233 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 6	Nonpriority creditor's name and mailing address Renno Retail LLC 8560 Edwardton Dr. Boonton, GA 07005 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.118 7	Nonpriority creditor's name and mailing address Research Review Consultants LLC 3635 E. 34th St. Roswald, AZ 30076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 8	Nonpriority creditor's name and mailing address Reseda House Ventures LLC 1b Erskine Street Tucson, Co. Down. 85713-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 9	Nonpriority creditor's name and mailing address ResveratrolCR Inc. 4911 43rd Place, NW Newry, DC BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119 0	Nonpriority creditor's name and mailing address Rev Compounding Pharmacy Ltd 6 Stralauer Alle Washington, Germany 20016-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119 1	Nonpriority creditor's name and mailing address Rexo Enterprises 80 Huntington St Spc 119 Newry, CA BT343HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119 2	Nonpriority creditor's name and mailing address RJD Skytravelline LLC 69 Canal Street Watford, Co. Down. WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119 3	Nonpriority creditor's name and mailing address RMO Management LLC 22353 S Western Ave Suite 201 Torrance, CA 90501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.119 4</div>	Nonpriority creditor's name and mailing address RMV Management PTY LTD 3 Axel-Springer-Platz Newry, Germany BT35 6JF Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.119 5</div>	Nonpriority creditor's name and mailing address RnD Creations, Inc. 3100 Airway Ave #140 Hamburg, CA DE 20355 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.119 6</div>	Nonpriority creditor's name and mailing address RNR Group, LLC 8021 E burnside st Sana Margarita, OR 93453 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.119 7</div>	Nonpriority creditor's name and mailing address Rock Solid Rx Marketing Group LLC 6747 Minnow Pond Drive Costa Mesa, MI 92626 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.119 8</div>	Nonpriority creditor's name and mailing address Rocky Mile Inc Office 3 Unit R Penfold Works, Imperial Way Cornelius, Herts 28031-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.119 9</div>	Nonpriority creditor's name and mailing address Rocky Mountain Hemp LLC PO Box 190849 Dallas, TX 75219 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.120 0</div>	Nonpriority creditor's name and mailing address Rocky Mountain Nutrition LLC PO box 190849 Miami, TX 33169 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.120 1	Nonpriority creditor's name and mailing address Rocky Mountain Pure LLC. 1a Erskine Street West Bloomfield Township, Co. Down. 4832 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 2	Nonpriority creditor's name and mailing address Roman Lee, Inc. 219 3frt Alameda das Linhas de Torres Newry, Portugal BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 3	Nonpriority creditor's name and mailing address Romcho International Trading Group Inc 2807-688 Abbott Street Lisboa, BC 1750-144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 4	Nonpriority creditor's name and mailing address Rome & Associates 2029 Century Park East Suite 450 Los Angeles, CA 90067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.120 5	Nonpriority creditor's name and mailing address RoNi Rok Bavdaz S.P. Zgornji Plavz 5 Vancouver, Slovenia 00009-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 6	Nonpriority creditor's name and mailing address Rooftop Group LLC 14203 Caminito Vistana Jesenice, CA 04270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 7	Nonpriority creditor's name and mailing address Round Rhythm Ranch LLC 14332 Coco Plum Rd Warrenpoint, FL BT34 3PR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.120 8	Nonpriority creditor's name and mailing address Royal Purity Organics LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W San Diego, Herts 92130-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.120 9	Nonpriority creditor's name and mailing address Royal Remedies LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Miami, Herts 33131-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121 0	Nonpriority creditor's name and mailing address Royalty Extracts LLC 325 S Biscayne Blvd Apt 3418 Newry, FL BT343HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121 1	Nonpriority creditor's name and mailing address RPG Ventures Pte Ltd 198 Avenue De France Newry, France BT34 3PR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121 2	Nonpriority creditor's name and mailing address RS Ventures LLC 1213 Culbreth Drive Newry, NC BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121 3	Nonpriority creditor's name and mailing address Ruckus Gallery Online, LLC 402 Furnace Street Watford, PA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121 4	Nonpriority creditor's name and mailing address Rudra Farms LLC PO Box 745 Emmaus, CO 18049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.121 5	Nonpriority creditor's name and mailing address Rush Remedies LLC 813 Windsor St Snyder, CA 80750 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 6	Nonpriority creditor's name and mailing address Rutland Family Trust The Brickhouse Clanwilliam Court, Block Lower Mount Street Coeur d'Alene, Ireland 83815-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 7	Nonpriority creditor's name and mailing address Ryse Resource Group 112 Burren Road Newry, Co. Down. BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 8	Nonpriority creditor's name and mailing address S and S Wireless Zone Inc 12804 Easy Fwy #400 London, TX WC2H 9JQ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 9	Nonpriority creditor's name and mailing address S H J GROUP LTD 71-75 Shelton Street, Covent Garden Leaburg, England 97489-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 0	Nonpriority creditor's name and mailing address Sabai Sabai, LLC 628 COMANCHE Houston, AZ 77015 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 1	Nonpriority creditor's name and mailing address Sabai Ventures INC 7190 W Sunset Blvd #55 Flagstaff, CA 86005 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.122 2	Nonpriority creditor's name and mailing address Safe Harbour Wellness LLC 2328 Ridge Trail Los Angeles, AL 90046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 3	Nonpriority creditor's name and mailing address Safer Products LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Birmingham, Herts 35242-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 4	Nonpriority creditor's name and mailing address Sagely Enterprises, Inc. 1811 Centinela Ave. Watford, CA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 5	Nonpriority creditor's name and mailing address Sall Spencer Callas & Krueger 32351 Coast Highway Laguna Beach, CA 92651 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal work</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.122 6	Nonpriority creditor's name and mailing address Salute and Stems LLC 1920 E Riverside Dr #A120-374 Santa Monica, TX 90404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 7	Nonpriority creditor's name and mailing address Samarkand Inc. 250 W Ocean Blvd #1603 Austin, CA 78741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 8	Nonpriority creditor's name and mailing address Sana Hemp USA Inc Office 3 Unit R Penfold Works Trading Estate, Imperial W Long Beach, Herts 90802-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.122 9	Nonpriority creditor's name and mailing address Sansum Itech Private Limited 6 Stralauer Allee Addison, Germany 60101-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 0	Nonpriority creditor's name and mailing address Santa Cruz Medicinals LLC 112 Princeton Rd Watford, CA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 1	Nonpriority creditor's name and mailing address Santyka LLC Office 3 Unit R Penfold Works, Imperial Way Menlo Park, Herts 94025-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 2	Nonpriority creditor's name and mailing address Sapphire Essentials LLC 1975 E. Western Reserve Rd. Suite B-2 Watford, OH WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 3	Nonpriority creditor's name and mailing address Sativida, SL Carrer de Balmes, 129 Bis, 3 - 1 Poland, Spain 44514-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 4	Nonpriority creditor's name and mailing address SAV LLC 4336 63rd St Barcelona, Co 08008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 5	Nonpriority creditor's name and mailing address Savage Enterprises John Dalton Street Boulder, England 80301-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.123 6	Nonpriority creditor's name and mailing address Savant International Court Place Rue du Manoir Manchester, Guernsey M2 6DS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123 7	Nonpriority creditor's name and mailing address Savi Wurxwell.com 11 River Street St. Peter Port, Co. Down. GY13XZ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123 8	Nonpriority creditor's name and mailing address SavingsHighway.com LLC 1755 North Brown Road Newry, GA BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123 9	Nonpriority creditor's name and mailing address Savvy Wellness 7334 Topanga Canyon Blvd, Suite 115 Lawrenceville, CA 30043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124 0	Nonpriority creditor's name and mailing address Schwifty LLC 11 River Street Canoga Park, Co. Down. 91303-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124 1	Nonpriority creditor's name and mailing address Scotch Valley Ranch Hemp, LLC 476 Scotch Valley Ranch Rd Newry, NY BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124 2	Nonpriority creditor's name and mailing address SDS Enterprises LLC 15241 Newcastle Lane Hobart, CA 13788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.124 3	Nonpriority creditor's name and mailing address SE Essential LLC 22353 S Western Ave Suite 201 Baton Rouge, CA 70810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 4	Nonpriority creditor's name and mailing address Secure TechDesk Nevada LLC 701 N green valley pkwy ste 200 Huntington Beach, nv 92647 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 5	Nonpriority creditor's name and mailing address Segment Consulting International, LLC 881 Baxter Dr. Suite 100 henderson, UT 89074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 6	Nonpriority creditor's name and mailing address Sensational Healthy Snacks LLC 50 Inip Drive Newry, NY BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 7	Nonpriority creditor's name and mailing address Sensei CBD 66 Haven Way, Newhaven Corona Del Mar, Englamd 92625-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 8	Nonpriority creditor's name and mailing address Seregon Industries LLC 701 sw 44th ave Inwood, FL 11096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 9	Nonpriority creditor's name and mailing address SES Nutrition LLC 6030 Daybreak Cir Ste A150-168 plantation, MD 33317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.125 0	Nonpriority creditor's name and mailing address Sfanti Grup Solutions SRL 50-52 Buzesti Street, 11th floor, Suite 17 Clarksville, Romania 21029-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 1	Nonpriority creditor's name and mailing address Sgro & Roger 720 South 7th Street Third Floor Las Vegas, NV 89101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.125 2	Nonpriority creditor's name and mailing address Sharing Services Global Corporation 1700 Coit Rd Newry, TX BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 3	Nonpriority creditor's name and mailing address Shaya Lab LLC 8605 SANTAMONICA BLVD #59579 Bucharest, CA RO 011015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 4	Nonpriority creditor's name and mailing address SHEbd, LLC 1695 Broadway Street, Suite C West Hollywood, CA 90069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 5	Nonpriority creditor's name and mailing address Shizen Holistic LLC 55 Donaghaguy Road Redwood City, Co. Down. 94063-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 6	Nonpriority creditor's name and mailing address Shop Poplar LLC 75 Poplar Street 3E Paris, NY 75 75013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.125 7	Nonpriority creditor's name and mailing address Shopnow.com LLC 301 SE 166th Ave, E-91 Brooklyn, WA 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 8	Nonpriority creditor's name and mailing address Shunter LLC 112 Burren Road Watford, Co. Down. WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 9	Nonpriority creditor's name and mailing address Sideline Industries LLC 9 Orchard Rd Suite 108 Newry, CA BT34 3XT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 0	Nonpriority creditor's name and mailing address Sierra Financial, LLC 100 School House Canyon Rd Lake Forest, CA 92630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 1	Nonpriority creditor's name and mailing address Sierra Sage Herbs LLC 424 Main Street Santa Ysabel, CO 92070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 2	Nonpriority creditor's name and mailing address Siesta Botanicals Management LLC 5225 8th ave S Lyons, FL 80540 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 3	Nonpriority creditor's name and mailing address Sigma Labs, LLC 1813 E Washington Blvd Gulfport, CA 33707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.126 4	Nonpriority creditor's name and mailing address Signature Spark, LLC 1029 E Fairmont Dr Los Angeles, AZ 90021 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 5	Nonpriority creditor's name and mailing address Silhouette LLC Mailbox 6000-6060 6 St. Colmans Park Frankfurt, Co. Down. HE 60329 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 6	Nonpriority creditor's name and mailing address Silverlake Botanicals LLC 3455 Perlita ave Tempe, CA 85282 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 7	Nonpriority creditor's name and mailing address Simplex Products LLC 777 NW 72 Ave Suite 2094 North Las Vegas, FL 89081 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 8	Nonpriority creditor's name and mailing address SimpliHemp LLC 1A Erskine Street Miami, Co. Down. 33126-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 9	Nonpriority creditor's name and mailing address Simply Aroma LLC 3766 Halls Mill Road Newry, AL BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 0	Nonpriority creditor's name and mailing address Simply Owl Natural, LLC 2741 W. Birch Run Mobile, MI 36693 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.127 1	Nonpriority creditor's name and mailing address Sisters of the Valley 9514 Lupin Avenue Watford, CA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 2	Nonpriority creditor's name and mailing address Sitara Distribution Inc 211 Ledyard Street Suite A Winton, CT 95388 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 3	Nonpriority creditor's name and mailing address SJV USA, Inc 1313 Rogers Street Hartford, GA 06114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 4	Nonpriority creditor's name and mailing address Sky Manor LLC 400 N Oak St Sterling Heights, MO 48310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 5	Nonpriority creditor's name and mailing address SkyBlue Aromatics Corp 6566 Route 209 Unit 3 Savannah, PA 31405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 6	Nonpriority creditor's name and mailing address SkyFlightCheap LLC 2600 K Ave Suite 211 Stroudsburg, TX 18360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 7	Nonpriority creditor's name and mailing address SLT Empire LLC 1710 Llano Street Plano, CA 75074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.127 8	Nonpriority creditor's name and mailing address SMANA TRADING SDN BHD 6 Stralauer Allee Santa Fe, Germany 87511-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 9	Nonpriority creditor's name and mailing address Smile LLC 1000 N. Division St. Ste 201 Long Beach, NV 90802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 0	Nonpriority creditor's name and mailing address Smile, LLC 1221 Pecos Street Suite 110 Watford, CO WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 1	Nonpriority creditor's name and mailing address Smoke and Vape Depot Inc. 24 Kinkel Street Berlin, NY DE 10245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 2	Nonpriority creditor's name and mailing address Smokehouse VA LLC 2142 Gunsmith Terrace Westbury, VA 11590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 3	Nonpriority creditor's name and mailing address SN Botanicals LLC 6 Ashdown House Riverside Business Park, B Woodbridge, Wales 22191-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 4	Nonpriority creditor's name and mailing address Snce Laboratories LLC 1065 Via Baja Conwy, CA LL32 8UB Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.128 5	Nonpriority creditor's name and mailing address So Cal Soil Inc 1330 Specialty Dr Suite D Glen Allen, CA 23060 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 6	Nonpriority creditor's name and mailing address Soap Korner, LLC 4741 N Carefree Circle Vista, CO 92081 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 7	Nonpriority creditor's name and mailing address Social Wealth LLC 1950 S Rainbow Blvd Ste 103-167 Colorado Springs, NV 80917 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 8	Nonpriority creditor's name and mailing address Society Botanicals LLC 43798 McKenzie Highway Watford, OR WD244YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 9	Nonpriority creditor's name and mailing address Solid Solutions Management LLC 3242 Quail Run Rd Las Vegas, CA 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.129 0	Nonpriority creditor's name and mailing address Sonicode, Inc 18495 S Dixie Hwy #130 Rossmor, FL 90720 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.129 1	Nonpriority creditor's name and mailing address Soothe LLC 1900 Market Street - WeWork Eagle Point, PA 97524 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.129 2	Nonpriority creditor's name and mailing address Sopris Health and Wellness 7328 COUNTY ROAD 100? Cutler Bay, CO 33157 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129 3	Nonpriority creditor's name and mailing address Soul Addict 2022 Valmont Street CARBONDALE, LA 81623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129 4	Nonpriority creditor's name and mailing address Soulful Herbals, LLC 2719 Hollywood Blvd A-1809 Lisbon, FL 1050-094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129 5	Nonpriority creditor's name and mailing address Soullife Inc. 69 Canal Street Hollywood, Co. Down. 33020-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129 6	Nonpriority creditor's name and mailing address Source CBD LLC 69 Canal Street Newry, Co. Down. BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129 7	Nonpriority creditor's name and mailing address South West Wealth, LLC 4316 Valley Ave, Suite B Newry, CA BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129 8	Nonpriority creditor's name and mailing address Sozo Credit, LLC 3651 Lindell Road, Suite D1052 Pleasanton, NV 94566 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.129 9	Nonpriority creditor's name and mailing address Space Therapeutics Investments LLC 1636 Summer City Dr. Las Vegas, TX 08903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 0	Nonpriority creditor's name and mailing address Spacey Lifestyles LLC 69 Canal Street Houston, Co. Down. 77047-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 1	Nonpriority creditor's name and mailing address Speakman Consulting LLC 8995 Haveteur Way London, CA NW7 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 2	Nonpriority creditor's name and mailing address Special Novelties 225, LLC 850 Gardere Lane Suite B Newry, LA BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 3	Nonpriority creditor's name and mailing address Spectrabet Group OU 47 Peterburi tee Torrance, Estonia 90501-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 4	Nonpriority creditor's name and mailing address Spectrum 113, LLC 68496 George Cyrus Rd Tallinn, OR 11415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 5	Nonpriority creditor's name and mailing address Spectrum Hemp Inc 1305 W Belt Line Rd Set 311 Sisters, TX 97759 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.130 6	Nonpriority creditor's name and mailing address Speedy Grow Inc 30 N Gould St Ste R Carrollton, WY 75006 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 7	Nonpriority creditor's name and mailing address Speedy Grow Inc 444 Diagonal Sheridan, Spain 82834-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 8	Nonpriority creditor's name and mailing address Sports Analytics and Data Corp The Forge, 397-411, Westferry Road Newry, England BT343HQ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 9	Nonpriority creditor's name and mailing address Spring Life LLC 228 park ave s #31450 London, NY E14 3AE Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.131 0	Nonpriority creditor's name and mailing address Spruce Natural Labs LLC 1053 E. Whitaker Mill Rd. Suite 115H New York, NC 10003 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.131 1	Nonpriority creditor's name and mailing address SPX Nutritional Products Room SF2 11-14 Newry Street Manchester, Co. Down. M40 8WN Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.131 2	Nonpriority creditor's name and mailing address Squizzas Global Ltd Squizzas! Regus Management Uk Ltd, Regen Summerhouse Road Berlin, England BE 10245 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131 3	Nonpriority creditor's name and mailing address SSGI Financial Services Inc 7351 Wiles Rod Ste 105 Northampton, FL NN3 6BJ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131 4	Nonpriority creditor's name and mailing address SSR Analytics Office 3 Unit R Penfold Works, Imperial Way Coral Springs, Herts 33067-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131 5	Nonpriority creditor's name and mailing address Stache Creative LLC 4712 Admiralty Way #752 Watford, CA WD244YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131 6	Nonpriority creditor's name and mailing address Starseed Systems Inc Office 3 Unit R Penfold Works, Imperial Way Cheyenne, Herts 82001-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131 7	Nonpriority creditor's name and mailing address STAY Hemp 4 Life, LLC 5448 Lee Street, Unit 5416 Watford, CO WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.131 8	Nonpriority creditor's name and mailing address SteepFuze 4615 Macky Way Arvada, CO 80002 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.131 9	Nonpriority creditor's name and mailing address Steepriver LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Boulder, Herts 80301-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 0	Nonpriority creditor's name and mailing address Stemsation UK LTD 20 Cordelia Green, Heathcote Watford, England WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 1	Nonpriority creditor's name and mailing address Steves Jobs LLC 1b Erksine Street Warwick, Co. Down. CV34 6XE Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 2	Nonpriority creditor's name and mailing address Stone Beauty, LLC 429 Bettencourt St Newry, CA BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 3	Nonpriority creditor's name and mailing address Stone Tree Farms LLC 3002 Chicken Coop Rd. Newry, WA BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 4	Nonpriority creditor's name and mailing address Strong Current Enterprises Dept 706 19-21 Crawford Street Denver, England 80211-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.132 5	Nonpriority creditor's name and mailing address Subtle Relief LLC 7979 E Tufts Ave Suite 1100 London, CO W1H 1PJ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 6	Nonpriority creditor's name and mailing address Success Theory LLC 1b Erksine Street Denver, Co. Down. 80237-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 7	Nonpriority creditor's name and mailing address Sun Valley Distribution, LLC 147 W Avenida San Antonio Wilmington, CA 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 8	Nonpriority creditor's name and mailing address Sunbeam Laboratories LLC 6150 donner rd San Clemente, NY 92672 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 9	Nonpriority creditor's name and mailing address SunnCBD LLC 213 Stenger St lockport, PA 14094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.133 0	Nonpriority creditor's name and mailing address Sunny State Organics LLC 11127 La Maida St. Unit 05 Johnstown, CA 15904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.133 1	Nonpriority creditor's name and mailing address Sunset Holding Company LLC PO Box 4901 Noho, MI 91601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.133 2	Nonpriority creditor's name and mailing address Sunshine Nutritionals, LLC 23084 L ermitage Circle Watford, FL WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133 3	Nonpriority creditor's name and mailing address Sunshine Partners LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Watford, Herts WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133 4	Nonpriority creditor's name and mailing address Super Brands Inc 1312 17th St, #117 Boca Raton, TX 33433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133 5	Nonpriority creditor's name and mailing address Super Organics, LLC 219 3frt Alameda das Linhas de Torres Reseda, Portugal 91335-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133 6	Nonpriority creditor's name and mailing address Super Vape Store Limited 3 Eichhornstra e Lisboa, Germany 1750-144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133 7	Nonpriority creditor's name and mailing address Superior Global Marketing Inc 1970 28th Street Berlin, OR BE 10785 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133 8	Nonpriority creditor's name and mailing address Supherbals LLC 100 Braisted Ave Springfield, NY 97477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.133 9	Nonpriority creditor's name and mailing address Supportive Naturals, LLC 4454 Iran St Staten Island, CO 10314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.134 0	Nonpriority creditor's name and mailing address Surge365 LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Denver, Herts 80249-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.134 1	Nonpriority creditor's name and mailing address Sustenance Inc. 3940 Broad St Suite # 7461 Watford, CA WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.134 2	Nonpriority creditor's name and mailing address Suzi's Lavender LLC 805 Roxe Drive San Luis Obispo, OR 93401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.134 3	Nonpriority creditor's name and mailing address Sweet Southern Vapes LLC. 559B West John Sims Pkwy Forest Grove, FL 97116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.134 4	Nonpriority creditor's name and mailing address Sweetman Enterprises Inc 3480 W. Warner Ave, Suite A Niceville, CA 32578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.134 5	Nonpriority creditor's name and mailing address Swissx Labs AG 37 Wispilenstrsse Santa Ana, Gstaad 92704-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.134 6	Nonpriority creditor's name and mailing address Symbiotic Nutritionals LLC 2525 Arapahoe Ave E4-727 CO 03780 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134 7	Nonpriority creditor's name and mailing address Synergia Group LLC 1821 Bella Casa Ct Boulder, FL 80302 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134 8	Nonpriority creditor's name and mailing address Synergy Bionaturals LLC 1560 Wall St Tampa, IL 33618 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134 9	Nonpriority creditor's name and mailing address Synergy Research Group 6520 Platt Ave #712 Sonoma, CA 95476 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 0	Nonpriority creditor's name and mailing address System Addict LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Naperville, Herts 60563-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 1	Nonpriority creditor's name and mailing address T and W Estate Holding LLC 12616 11th Ave Fl 1 Watford, NY WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 2	Nonpriority creditor's name and mailing address TAH II LLC 833 S. Spring St. #202 College Point, CA 11356 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.135 3	Nonpriority creditor's name and mailing address Tailored Commercials Limited Briarcroft Bridgnorth Road, Shipley Forest Hills, England 11375-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135 4	Nonpriority creditor's name and mailing address TAK consulting LLC 24751 Woodhill Lane Los Angeles, CA 90014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135 5	Nonpriority creditor's name and mailing address Tartuka Global Trading Company LLC 205 N Stephanie Street Lake Forest, NV 92630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135 6	Nonpriority creditor's name and mailing address Tauriga Science Inc 555 Madison Avenue, 5th Floor Henderson, NY 89074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135 7	Nonpriority creditor's name and mailing address TC Wholesale and Distribution LLC 925 Poinsettia Ave A15 New York, CA 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135 8	Nonpriority creditor's name and mailing address TD Manufacturing, LLC 1327 Homestead Dr Vista, FL 92081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135 9	Nonpriority creditor's name and mailing address Team Outreach, LLC 9130 Galleria Court third floor Tyler, FL 75703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.136 0	Nonpriority creditor's name and mailing address Tech Holdings, LLC 101 Eisenhower Pkway, Suite 103 (Att: Na Naple, NJ 34109 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 1	Nonpriority creditor's name and mailing address TECHNOLOGY NETWORK AUSTRALIA PTY LTD 11 River Street London, Co. Down E8 4RU Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 2	Nonpriority creditor's name and mailing address Teebay Trading B.V. Atoomweg 63 Newry BT34 2DQ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 3	Nonpriority creditor's name and mailing address Teekay Enterprises LLC 8851 E Research Ctr Rd Utrecht, MN 03542 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 4	Nonpriority creditor's name and mailing address Tempered LLC 2211 W. Lincoln Street #316 Chattanooga, TX 37402 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 5	Nonpriority creditor's name and mailing address Tepaiko Company, LLC 16006 Promontory Place New Hope, CA 55428 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 6	Nonpriority creditor's name and mailing address Terp Nutrition 12530 Braddock Drive A232 La Mirada, CA 90638 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.136 7	Nonpriority creditor's name and mailing address Terpene Botanicals LLC 1 Elmfield Avenue, Warrenpoint Barcelona, Co. Down. B 08008 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 8	Nonpriority creditor's name and mailing address Terpi Inc 7 Wilson Business Park Monsall Road, Los Angeles, England 90066-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 9	Nonpriority creditor's name and mailing address Tesse Products, LLC 36 Camp St. #3 Imperial Way, MA WD2 44YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 0	Nonpriority creditor's name and mailing address Tessera Naturals, LLC 2815 Zambia Dr Cambridge, TX 02140 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 1	Nonpriority creditor's name and mailing address TESTA 1312 17th st Cedar Park, CO 78613 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 2	Nonpriority creditor's name and mailing address Texas Star Novelties Inc. 2803 Stone River Land Denver, TX 80202 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 3	Nonpriority creditor's name and mailing address Texas Wellness Center LLC 600 17th Street London, CO W1W 7LT Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.137 4	Nonpriority creditor's name and mailing address TGR Organics 617 S Olive Ave #810 Sugarland, CA 77479 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 5	Nonpriority creditor's name and mailing address That Store, LLC 2345 W Southern Ave Los Angeles, PA 90014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 6	Nonpriority creditor's name and mailing address That's Natural Marketing and Consulting P.O. Box 8944 South Williamsport, Co 17702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 7	Nonpriority creditor's name and mailing address The Analytics Factory LLC 1133 Huff Rd NW Apt. 507 Aspen, GA 81612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 8	Nonpriority creditor's name and mailing address The Bearded Olive, LLC John Dalton Street Atlanta, England 30318-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 9	Nonpriority creditor's name and mailing address The Bradley's Brand 1015 N Mcqueen Rd Boulder, AZ 80302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.138 0	Nonpriority creditor's name and mailing address The Credit Pros International Corporatio Office 3 Unit R Penfold Works Trading Estate, Imperial W Sheridan, Herts 80110-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.138 1	Nonpriority creditor's name and mailing address The Drip Ship, Inc 4365 Okeechobee Blvd suite A15 Watford, FL WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.138 2	Nonpriority creditor's name and mailing address The Drip Ship, Inc 198 Avenue De France West Palm Beach, France 33409-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.138 3	Nonpriority creditor's name and mailing address The Green Creek LLC 6407 Bardstown Rd. #253 Henderson, KY 89014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.138 4	Nonpriority creditor's name and mailing address The Green Cure LLC PO Box 116 Louisville, MO 40291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.138 5	Nonpriority creditor's name and mailing address The Green Guys, LLC 6741 Sylmar Avenue Old Monroe, CA 63369 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.138 6	Nonpriority creditor's name and mailing address The Hartford P.O. Box 660916 Dallas, TX 75266-0916 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.138 7	Nonpriority creditor's name and mailing address The Hartford P.O. Box 660916 Dallas, TX 75266-0916 Date(s) debt was incurred ____ Last 4 digits of account number <u>9291</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Worker's Compensation Insurance, final audit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,905.39

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.138 8	Nonpriority creditor's name and mailing address The Hemp Barn LLC 1 Elmfield Avenue, Warrenpoint Van Nuys, Co. Down. 91405-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.138 9	Nonpriority creditor's name and mailing address The Hemp Haus LLC 1a Erskine Street Newry, Co. Down. BT343HQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 0	Nonpriority creditor's name and mailing address The Hemp Seed LLC 69 Canal Street Newry, Co. Down. BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 1	Nonpriority creditor's name and mailing address The Herbal Cafe, LLC 26 Westlawn PI Herriman, FL 84096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 2	Nonpriority creditor's name and mailing address The Herbalist Workshop LLC 280 W Kagy Blvd Ste D #224 Watford, MT WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 3	Nonpriority creditor's name and mailing address The I Live You Guy LLC 1204 Villagr Market Place #226 Watford, NC WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 4	Nonpriority creditor's name and mailing address The Kind Group LLC 58 Peregrine Road, Hainault Ilford Morrisville, England 27560-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.139 5	Nonpriority creditor's name and mailing address The Kind Group LLC 281 Morris Ave Essex, NJ IG6 3SZ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 6	Nonpriority creditor's name and mailing address The Lueur LLC 1B Erksine Street Hesperia, Co. Down. 92345-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 7	Nonpriority creditor's name and mailing address The Minamoto Group Ltd 71-75 Shelton Street, Covent Garden Long Branch, England 07740-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 8	Nonpriority creditor's name and mailing address The Rayfield Company, LLC 14618 Rayfield Dr Myrtle Beach, CA 29575 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 9	Nonpriority creditor's name and mailing address The Royal Network, Inc. 3001 N Kings Hwy STE D #269 London, SC WC1N 3AX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 0	Nonpriority creditor's name and mailing address The Shavasana Kompany LLC 1b Erskine Street London, Co. Down. WC2H 9JQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 1	Nonpriority creditor's name and mailing address The Tropical LLC 4012 S Rainbow Blvd Ste k560 West Hills, NV 91307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.140 2	Nonpriority creditor's name and mailing address The Trusted Lab LLC 1327 Motor Circle Ave Las Vegas, TX 89103 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 3	Nonpriority creditor's name and mailing address The Vape Store NZ Limited No. 1 Spinningfields Quay Street Dallas, England 75207-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 4	Nonpriority creditor's name and mailing address The Vapor Warehouse NZ Limited N Wall Quay Gravesend, Ireland DA13 0QB Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 5	Nonpriority creditor's name and mailing address Theramu LLC PO Box 21445 Manchester, CA M3 3JE Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 6	Nonpriority creditor's name and mailing address Therapeutic Treats LLC P.O. Box 467821 Bakersfield, GA 93390 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 7	Nonpriority creditor's name and mailing address Three Curve Esports, LLC 185 Dartmouth St 7th Floor Lafayette, MA 80516 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 8	Nonpriority creditor's name and mailing address Three Z Corp 1940 Internationale Pky Ste 150 Haslemere, IL GU27 2LA Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.140 9	Nonpriority creditor's name and mailing address Thrive 1023 LTD 143 S. Randall Dr. Ste 51 Boston, IL 02116 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 0	Nonpriority creditor's name and mailing address Thrive Health, LLC 1990 Depew Street #140690 Batavia, CO 60510 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 1	Nonpriority creditor's name and mailing address Tikun Hemp LLC 77 Water Street Berlin, NY BE 10785 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 2	Nonpriority creditor's name and mailing address Tim Jacobs 417 S Ponitac Way London, CO EC1V 2NX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 3	Nonpriority creditor's name and mailing address Time2Get Away network LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Tarzana, Herts 91356-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 4	Nonpriority creditor's name and mailing address Times Square Marketing 168 Madison Ave New York, NY 10005 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 5	Nonpriority creditor's name and mailing address Tinted Brew, Inc. 21416 Chase St Unit 1 New York, CA 10016 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.141 6	Nonpriority creditor's name and mailing address Titan Star Resources Sdn Bhd Aldgate Tower, 2 Leman St, Whitechapel Paris, England 75 75013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 7	Nonpriority creditor's name and mailing address TKD LLC 1818 Palm Street Fort Walton Beach, TX 32548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 8	Nonpriority creditor's name and mailing address TKO Holdings Inc. 899 Worthington Road Canoga Park, OR 91304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 9	Nonpriority creditor's name and mailing address TNA Global, LLC 1505 E 17th St Philadelphia, NY 19103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 0	Nonpriority creditor's name and mailing address Toadlane Inspection Services 722 E Street #1 Brooklyn, CA 11230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 1	Nonpriority creditor's name and mailing address ToGo, LLC 115 Mare Street Santa Fe Springs, England 90670-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 2	Nonpriority creditor's name and mailing address Tokr LLC 102 E 11nd St. Apt 10B Eureka, NY 95501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.142 3	Nonpriority creditor's name and mailing address Tom Mabe Inc 2304 Hurstbourne Village Drive Suite 100 Newry, KY BT34 2BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 4	Nonpriority creditor's name and mailing address Top Beauty And Health LLC 6939 Schaefer Ave. Ste D-133 Watford, CA WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 5	Nonpriority creditor's name and mailing address Top Quality Supplements LLC 1a Erskine Street Chino, Co. Down. 91710-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 6	Nonpriority creditor's name and mailing address Topeka Drive, Inc. 1B Erskine Street Newry, Co. Down. BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 7	Nonpriority creditor's name and mailing address Tortuga Life LLC 8975 Lake Park Cir S Newry, FL BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 8	Nonpriority creditor's name and mailing address Total Fitness Deals LLC 11400 W Olympic Blvd Davie, CA 33328 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 9	Nonpriority creditor's name and mailing address Total Man Coaching Pty LTD Aldgate Tower, 2 Leman St, Whitechapel Los Angeles, England 90064-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.143 0	Nonpriority creditor's name and mailing address Total Utilities Cover Ltd Woodland Place, Hurricane Way London, England E1 8FA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 1	Nonpriority creditor's name and mailing address Tower Bridge Consultants, LLC 2 Leman St, Aldgate Tower, Whitechapel London, England E8 4RU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 2	Nonpriority creditor's name and mailing address Toys & Gamers Ltd 71-75 Shelton Street Wickford, England SS11 8YB Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 3	Nonpriority creditor's name and mailing address Trade Show Planners LLC 69 Canal Street London, Co. Down. WC2H 9JQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 4	Nonpriority creditor's name and mailing address Transcend Labs LLC 2020 W. Pierce Ave, Unit 2 Newry, IL BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 5	Nonpriority creditor's name and mailing address Transparent Health Solutions 1240 Rosecrans Ave #120 Chicago, CA 60622 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 6	Nonpriority creditor's name and mailing address Tree of Kindness INC PO Box 874 Dublin, WA D D1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.143 7	Nonpriority creditor's name and mailing address Tree of Life Ltd 7 Wilson Business Park Monsall Road, Watford, England WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 8	Nonpriority creditor's name and mailing address Treeline Organics LLC 6265 Cates Ave. 1W Manchester, MO M40 8WN Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 9	Nonpriority creditor's name and mailing address Tribal Vape Inc 11 river Street St. Louis, Co. Down. 63130-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144 0	Nonpriority creditor's name and mailing address TribeTokes LLC 71 Gansevoort St, Unit 2D Newry, NY BT34 2DQ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144 1	Nonpriority creditor's name and mailing address Triniti CBD LLC 7 Wilson Business Park Monsall Road, Lakewood, England 80232-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144 2	Nonpriority creditor's name and mailing address Trinity Releaf LLC 2044 Trinity Oaks Blvd, Ste 220 Manchester, FL M40 8WN Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144 3	Nonpriority creditor's name and mailing address TRIVoyage TRAVEL LIMITED 27 Old Gloucester Street Trinity, England 34655-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.144 4	Nonpriority creditor's name and mailing address Tru Hemp Naturals 20109 Henderson Rd. Unit H Myrtle Beach, MC 29577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.144 5	Nonpriority creditor's name and mailing address True Source Naturals, LLC 24705 US Highway a9 N Ste 302 Watford, FL WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.144 6	Nonpriority creditor's name and mailing address Turning Point Medicinals, LLC 112 Burren Road Watford, Co. Down. WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.144 7	Nonpriority creditor's name and mailing address Turtle House Holdings LLC 14393 Jared Ct Newry, CO BT34 3XT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.144 8	Nonpriority creditor's name and mailing address TUV Investments LLC 3401 S Ocean Blvd Manchester, FL M3 3JE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.144 9	Nonpriority creditor's name and mailing address TV Prepare Ltd Unit 11 Oaklands Business Centre 66 Elm Grove, Worthing, Highland Beach, England 33487-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.145 0	Nonpriority creditor's name and mailing address TZ Wholesale 4756 Glenwood St West Sussex, NY BN11 5LJ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.145 1	Nonpriority creditor's name and mailing address U&ME 360 LLC 1b Erskine Street Little Neck, Co. Down. 11362-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 2	Nonpriority creditor's name and mailing address U.S. Bank P.O. Box 6352 Fargo, ND 58125-6352 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 3	Nonpriority creditor's name and mailing address U.S. Bank P.O. Box 790408 Saint Louis, MO 63179-0408 Date(s) debt was incurred ____ Last 4 digits of account number <u>5777</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,051.44
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3.145 4	Nonpriority creditor's name and mailing address UBU Beverages LLC 1410 5th Street Unit 305 Newry, CA BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 5	Nonpriority creditor's name and mailing address UK Platinum Home Care Services Limited 71-75 Shelton Street, Greater London Santa Monica, England 90401-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 6	Nonpriority creditor's name and mailing address Ultra Products, Inc. 9737 NW 41 St. Suite 764 London, FL WC2H 9JQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 7	Nonpriority creditor's name and mailing address UMZU Naturals LLC 1980 8th St Doral, CO 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.145 8	Nonpriority creditor's name and mailing address UnCanna 7 Monsall Road, Boulder, Co. Down. 80302-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 9	Nonpriority creditor's name and mailing address Unique Therapeutics Inc. 3908 E Broadway Road Manchester, AZ M40 8WN Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 0	Nonpriority creditor's name and mailing address United Coachways, LLC 16790 Island Farm Lane Phoenix, DE 85040 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 1	Nonpriority creditor's name and mailing address United Life Science 7 Wilson Business Park Monsall Road, Watford, England WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 2	Nonpriority creditor's name and mailing address Untamed Life LLC 14 N Main St Milton, WI 19968 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 3	Nonpriority creditor's name and mailing address UPAD Digital, LLC 7201 Monitor St Fond Du Lac, CA 54935 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 4	Nonpriority creditor's name and mailing address Upstate Elevator Supply Company LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Bakersfield, Herts 93307-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.146 5	Nonpriority creditor's name and mailing address Urbul Activ 7 LLC 7144 E Stetson Dr Suite 3300 Watford, AZ WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 6	Nonpriority creditor's name and mailing address Urbul LLC 16042 Amar Rd Scottsdale, CA 85251 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 7	Nonpriority creditor's name and mailing address Urdon INC 7135 S Mingo Rd Suite B Los Angeles, OK 91744 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 8	Nonpriority creditor's name and mailing address US TMC INC 2231 Tamiami Trail Unit 3 Tulsa, FL 74133 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 9	Nonpriority creditor's name and mailing address USA eServices LLC 8950 SW 74th CT, Suite 2252 Port Charlotte, FL 33948 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 0	Nonpriority creditor's name and mailing address USA Health LLC 17449 S Hwy 211 Miami, OR 33156 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 1	Nonpriority creditor's name and mailing address USA Technology Services LLC 578 Washington Blvd #904 Mplalla, CA 97038 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.147 2	Nonpriority creditor's name and mailing address USFIX247 Technical Services LLC 47 Ronda Sant Pau, Local 1 Waltertown, Spain 57201-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 3	Nonpriority creditor's name and mailing address Utility Care Professionals Limited Flat 2 17 Bryanstone Road Barcelona, England ES 08015 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 4	Nonpriority creditor's name and mailing address Valge Tuleborn O Sep-40 Jarvevana tee Harju Maakond, Tallinn, Ke Bournemouth, Estonia BH3 7JE Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 5	Nonpriority creditor's name and mailing address Valley of the Temples, LLC 6525 Ventnor Ave ste 4 Tallinn, NJ 11314 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 6	Nonpriority creditor's name and mailing address Vando Holding Corp 167 Park Avenue Ventnor City, NJ 08406 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 7	Nonpriority creditor's name and mailing address Vantis Health LLC 11 Deer Run Drive Whippany, NJ 07981 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 8	Nonpriority creditor's name and mailing address Vape Bright LLC 340 S. Lemon Unit 1873 Freehold, CA 07728 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.147 9	Nonpriority creditor's name and mailing address Vape CBD World LLC 5339 Lawrenceville Hwy Walnut, GA 91788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 0	Nonpriority creditor's name and mailing address Vape Empire Limited 198 Avenue De France Chatsworth, France 91311-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 1	Nonpriority creditor's name and mailing address VAPED CO PTY LIMITED 86 Carrer Tanger Miami Beach, Spain 33139-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 2	Nonpriority creditor's name and mailing address Vapen LLC 777 E Missouri Ave #200 London, AZ E1 8FA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 3	Nonpriority creditor's name and mailing address Vapepit UK Limited Prestons, Unit 5 Bowes Business Park Wrotham Road, Meopha Phoenix, England 85014-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 4	Nonpriority creditor's name and mailing address Vapor Haus LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Lisboa, Herts 1750-144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.148 5	Nonpriority creditor's name and mailing address Vapor X Lounge LLC 16251 sw 71st Oklahoma, FL 73106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 6	Nonpriority creditor's name and mailing address Vapoursrus LTD Harvard Street Watford, UK WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 7	Nonpriority creditor's name and mailing address Vegas Jake Sports LLC 18631 Pasadero Dr. Rochdale, CA 0L11 2HA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 8	Nonpriority creditor's name and mailing address Vehicle Safety Supply LLC 94 Round Hill Road Watford, NY WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 9	Nonpriority creditor's name and mailing address Venable, LLP P.O. Box 62727 Baltimore, MD 21264-2727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.149 0	Nonpriority creditor's name and mailing address Venice Relief LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W Scarsdale, Herts 10583-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 1	Nonpriority creditor's name and mailing address Verde Lifestyle Products LLC 5645 Coral Ridge Dr. Watford, FL WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149 2</div>	Nonpriority creditor's name and mailing address Verde Patch Inc 1a Erskine Street Coral Springs, Co. Down. 33076-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149 3</div>	Nonpriority creditor's name and mailing address Veriheal Inc. 1411 H St NE Clarkdale, DC 86324 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149 4</div>	Nonpriority creditor's name and mailing address Versea Holdings, Inc. 1701 Noth 14th St, Suite B Washington, FL 20002 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149 5</div>	Nonpriority creditor's name and mailing address Vertex Prime Services Limited No. 1 Spinningfields Quay Street Broomfield, England 80023-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149 6</div>	Nonpriority creditor's name and mailing address Vertigo Vapor LLC 150 N Gibson Rd, STE C Tampa, NV 33605 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149 7</div>	Nonpriority creditor's name and mailing address VG Distributors Inc 69 Canal Street Arvada, Co. Down. 80002-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149 8</div>	Nonpriority creditor's name and mailing address Viable Solutions LLC 62 6th St N Newry, ID BT35 6JF Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.149 9	Nonpriority creditor's name and mailing address VIB LLC 2700 N. Federal Highway Apt. 408 Nampa, FL 83687 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 0	Nonpriority creditor's name and mailing address Vida Concepts LLC 8625 E. San Esteban Dr. Newry, AZ BT34 2DQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 1	Nonpriority creditor's name and mailing address Vida Divina LLC 7940 cherry Ave Frankfurt, CA HE 60329 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 2	Nonpriority creditor's name and mailing address Vida Divina, LLC c/o Armand Puyolt 1700 S. Milliken Avenue Ontario, CA 91761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Creditor alleges T1 improperly retained reserves on merchant account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$810,500.00
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3.150 3	Nonpriority creditor's name and mailing address VIDA Nu LLC 1531 Inspiration Dr. #3060 Fontana, TX 92336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 4	Nonpriority creditor's name and mailing address Vida Optima Inc. 4059 Oceanside Blvd Balwin Park, CA 91706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 5	Nonpriority creditor's name and mailing address Vigorocity Corporation 1a Erskine Street Dallas, Co. Down. 75207-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.150 6	Nonpriority creditor's name and mailing address Vincent LLC 3 Axel-Springer-Platz Newry, Germany BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.150 7	Nonpriority creditor's name and mailing address Viridi Lx LLC 12 Emerson Place Holland, NY 18966 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.150 8	Nonpriority creditor's name and mailing address Viridipharm LLC 11 River Street Sag Harbor, Co. Down. 11963-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.150 9	Nonpriority creditor's name and mailing address Virtab Group LTD 11 river Street Newry, Co. Down BT34 2DQ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.151 0	Nonpriority creditor's name and mailing address Vison Aura LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W newry, Herts BT34 2DQ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.151 1	Nonpriority creditor's name and mailing address Vital Plan Inc. 1122 Oberlin Road, Suite 232 Watford, NC WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.151 2	Nonpriority creditor's name and mailing address Vitalife Nutraceuticals Office 3 Unit R Penfold Works Trading Estate, Imperial W Raleigh, Herts 27603-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151 3	Nonpriority creditor's name and mailing address Vitality CBD Inc. 119 Elmwood Ave. Watford, NY WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151 4	Nonpriority creditor's name and mailing address Vitasunn Inc. 2532 N 4th Street #250 Buffalo, AZ 14201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151 5	Nonpriority creditor's name and mailing address Viva Naturel, LLC 10677 AL. Hwy 168 Flagstaff, AL 86004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151 6	Nonpriority creditor's name and mailing address VivaMax LLC 1907 SW Exeter Court Boaz, FL 35957 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151 7	Nonpriority creditor's name and mailing address Vivaysa Holdings LLC 109 E 17th St Suite 63 Port Saint Lucie, WY 34953 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151 8	Nonpriority creditor's name and mailing address VKING AUSTRALIA PTY LTD 115 Mare Street Cheyenne, England 82001-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.151 9	Nonpriority creditor's name and mailing address VNYL LLC 315 E Franklin Ave. London, CA E8 4RU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.152 0	Nonpriority creditor's name and mailing address Voie Holdings, LLC 115 Mare Street El Segundo, England 90245-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.152 1	Nonpriority creditor's name and mailing address Vooroom Global Ltd 8 Taunusanlage London, Germany E8 4RU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.152 2	Nonpriority creditor's name and mailing address VP Nutrition LLC 3250 Dale Rd Suite M1 Frankfurt, CA DE 60329 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.152 3	Nonpriority creditor's name and mailing address VPR Brands LP 3001 Griffin Road Modesto, FL 95356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.152 4	Nonpriority creditor's name and mailing address VR Products III 105 Route 109 Fort Lauderdale, NY 33312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.152 5	Nonpriority creditor's name and mailing address VT Grow Shop LLC 81 N Main St Hardwick, VT 05843 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.152 6	Nonpriority creditor's name and mailing address W and W Enterprises LLC P.O. Box 762 Arklow, CO Y14V968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 7	Nonpriority creditor's name and mailing address W&W Enterprises LLC 27 Austin Friars, London, Greater London Vail, England 81658-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 8	Nonpriority creditor's name and mailing address Waay B Labs Office 3 Unit R Penfold Works Trading Estate, Imperial W Watford, Herts WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 9	Nonpriority creditor's name and mailing address WaKanna LLC 10615 S Halsted St Watford, IL WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 0	Nonpriority creditor's name and mailing address Wallabaga LLC 936 West Hyde Park Blvd Chicago, CA 60653 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 1	Nonpriority creditor's name and mailing address Wana Wellness LLC 1845 Skyway Drive Inglewood, CO 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 2	Nonpriority creditor's name and mailing address Wanae USA LLC 3799 East Catamount Longmont, UT 80504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.153 3	Nonpriority creditor's name and mailing address Water For Living LLC 8613 Camino Naranjo Rd Sandy, CA 84092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.153 4	Nonpriority creditor's name and mailing address Way Of Will, Inc. 13-19 Neue Rothofstr. Corona, Germany 82883-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.153 5	Nonpriority creditor's name and mailing address Weatherly Farms, LLC 450 E Main/ P.O. Box 174 Frankfurt, NV DE 60313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.153 6	Nonpriority creditor's name and mailing address Weed Dog`s LLC 227 Concordia Dr. Panaca, TX 89042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.153 7	Nonpriority creditor's name and mailing address WelCel, Inc. 2912 W. 6th ST, Ste LL 150 Katy, TX 77450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.153 8	Nonpriority creditor's name and mailing address Well Products 69 Canal Street Fort Worth, Co. Down. 76107-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.153 9	Nonpriority creditor's name and mailing address Wellica Inc 1a Erskine Street Watford, Co. Down. WD244YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.154 0	Nonpriority creditor's name and mailing address Wellness Seminars, Inc. 4534 Banan Pl Newry, FI BT35 6JF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 1	Nonpriority creditor's name and mailing address WellnessPro, Inc 19779 Greenbriar Dr Sequim, CA 98382 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 2	Nonpriority creditor's name and mailing address Weschler Holdings LLC 1871 Napoli Drive Portland, NC 97229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 3	Nonpriority creditor's name and mailing address Westvine Partners LLC 630 N. Mildred St. #416 Apex, WV 27502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 4	Nonpriority creditor's name and mailing address White Buffalo Office 3 Unit R Penfold Works Trading Estate, Imperial W East Farmingdale, Herts 11735-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 5	Nonpriority creditor's name and mailing address White Dragon Botanicals, LLC 7304 Burnet Road Ranson, TX 25438 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 6	Nonpriority creditor's name and mailing address Whole Earth Group, LLC 4108 SW Green Oaks Blvd #173176 Austin, TX 78757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.154 7	Nonpriority creditor's name and mailing address Whole Greens 2101 Gravel Hill St Unit 205 Arlington, NV 76003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 8	Nonpriority creditor's name and mailing address Whole Plant Medicine LLC 110 Zotti Ave Las Vegas, NJ 89117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 9	Nonpriority creditor's name and mailing address Whole Plant Systems, LLC 55 SE 2nd Ave Ste 409 Old Tappan, FL 07675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 0	Nonpriority creditor's name and mailing address Wholesaleplus, LLC 1808 NW 11th St, Unit A Dublin, OK D D1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 1	Nonpriority creditor's name and mailing address Wholly Hemp INC 187 Brushcreek Dr delray beach, FL 33444 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 2	Nonpriority creditor's name and mailing address WIGTECH WEB SOLUTION 112 Burren Road, Warrenpoint Sanford, Co. Down 32771-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 3	Nonpriority creditor's name and mailing address Wild Leaf Naturals LLC 1a Erskine Street Newry, Co. Down. BT34 3XT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.155 4	Nonpriority creditor's name and mailing address Wild Science Lab LTD 60 High Street Newry, London BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 5	Nonpriority creditor's name and mailing address Wildseed Hemp, LLC 18010 Bulverde Rd #108 Bellingham, TX 98225 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 6	Nonpriority creditor's name and mailing address Will Power LLC 1550 Larimer St. Ste 938 San Antonio, CO 78259 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 7	Nonpriority creditor's name and mailing address Williams Heritage LLC 30 N Gould Street, suite 6410 Denver, WY 80202 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 8	Nonpriority creditor's name and mailing address Willie B LLC 1A Erskine Street Sheridan, Co. Down. 82801-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 9	Nonpriority creditor's name and mailing address Wisdom Apparatus 1 Elmfield Avenue, Warrenpoint Mt. Pleasant, Co. Down. 29464-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.156 0	Nonpriority creditor's name and mailing address WLC Distribution LLC 125 McCarty Cr Newry, GA BT35 6BX Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.156 1	Nonpriority creditor's name and mailing address WMI Consulting Ltd 2016 Iron St Suite B Wimbledon, WA SW19 5EE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.156 2	Nonpriority creditor's name and mailing address Wonder Freelance LTD 71-75 Shelton Street Johns Creek, England 30097-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.156 3	Nonpriority creditor's name and mailing address World Class Health, LLC 3621 W 73rd Ave, Unit B London, CO WC2H 9JQ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.156 4	Nonpriority creditor's name and mailing address Worldwide Supply LLC 1B Erskine Street Watford, Co. Down. WD24 4YY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.156 5	Nonpriority creditor's name and mailing address Wright Marketing and Consulting Office 3 Unit R Penfold Works Trading Estate, Imperial W East Lansing, Herts 48826-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.156 6	Nonpriority creditor's name and mailing address Wright Ventures LLC 1A Erskine Street Westminster, Co. Down. 80030-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.156 7	Nonpriority creditor's name and mailing address WRRRC ENTERPRISE LLC 2640 Bellevue Ave Newry, GA BT35 6BX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.156 8	Nonpriority creditor's name and mailing address WSC Industries, Inc 7158 183rd St Augusta, IL 30904 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.156 9	Nonpriority creditor's name and mailing address Wu - Sah Inc 19191 S. Vermont Ave #405 Tinley Park, CA 60477 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.157 0	Nonpriority creditor's name and mailing address WWOF Distinguish Professional 1 blue hill plaza Torrance, NY 90502 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.157 1	Nonpriority creditor's name and mailing address X8 Brands LLC Office 3 Unit R Penfold Works Trading Estate, Imperial W pearl river, Herts 10965-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.157 2	Nonpriority creditor's name and mailing address Xpression of Awareness Inc 11231 NW 20th Street, Unit 140195 Watford, FL WD24 4YY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.157 3	Nonpriority creditor's name and mailing address Xtreme Appliance Cover Limited 71-75 Shelton Street Miami, England 33172-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.157 4	Nonpriority creditor's name and mailing address XY - The Persistent Company 1133 Columbis Street #205 London, CA WC2H 9JQ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.157 5	Nonpriority creditor's name and mailing address Ylin Group Inc 7903 Elm Ave. Apt 184 San Diego, CA 92101 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.157 6	Nonpriority creditor's name and mailing address YouMe LLC 3452 Elm Ave # 304 Wilmington, CA 19805 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.157 7	Nonpriority creditor's name and mailing address Your Leaf Your Life, Inc 2031 Rhawn Street apt 32 Orange, PA 92869 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.157 8	Nonpriority creditor's name and mailing address Zen Healing Limited 77 Camden Street Lower, St. Kevin's Fort Lauderdale, Ireland 33301-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.157 9	Nonpriority creditor's name and mailing address Zen Life Naturals, LLC 7901 4TH. STREET N ste 300 Philadelphia, FL 19152 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.158 0	Nonpriority creditor's name and mailing address Zen Organics Inc 77 Camden Street Lower, St. Kevin's Saint Petersburg, Ireland 33702-0000 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.158 1	Nonpriority creditor's name and mailing address Zen Pup LLC 3334 E Coast Hwy Dublin 2, CA D02 XE80 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.158 2	Nonpriority creditor's name and mailing address Zenstra LLC 340 S Lemon Ave #6881 East Sussex, CA BN9 9TD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.158 3	Nonpriority creditor's name and mailing address Zero in On Nutrition LLC 347 29th Street Walnut, NY 91789 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.158 4	Nonpriority creditor's name and mailing address ZIE, Inc. 1268 E 10 St Copiague, NY 11726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.158 5	Nonpriority creditor's name and mailing address Zilis Czech Republic s.r.o. V clavsk n mest Brooklyn, Czech Republic 11230-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.158 6	Nonpriority creditor's name and mailing address Znivr Systems LLC 180 Interstate North Parkway, Su 150 Praha 1, GA 11000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.158 7	Nonpriority creditor's name and mailing address Zoo Reef, LLC 955 Deep Valley Dr #3194 Atlanta, CA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.158 8	Nonpriority creditor's name and mailing address Zuntree LLC 16192 Coastal Highway Palos Verdes Peninsula, DE 90274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name

3.158 9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
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ZX Craft Co., Inc.
198
Avenue De France
Lewes, France 19958-0000

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ☒ No ☐ Yes

3.159 0	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
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Zyzen Inc
72
High Street
Paris, Surrey FR 75013

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **0.00**5b. + \$ **1,253,925.13**5c. \$ **1,253,925.13**

Fill in this information to identify the case:Debtor name **T1 Payments, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **23-10290**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest
Preparation of Accounting Statements and Tax Returns

State the term remaining

List the contract number of any government contract

Ken R. Ashworth & Associates, Prof. Corp
1057 Whitney Ranch Drive
Suite 350
Henderson, NV 89014

Fill in this information to identify the case:Debtor name **T1 Payments, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **23-10290**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Debra Kaisen****Venable, LLP**☐ D _____☒ E/F **3.1489**☐ G _____2.2 **Debra Kaisen****Porsche Financial Services**☒ D **2.1**☐ E/F _____☐ G _____

Fill in this information to identify the case:Debtor name **T1 Payments, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **23-10290**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☒ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Porsche Financial Services Customer Service One Porsche Drive Atlanta, GA 30354	1/25/2023, 12/15/2023, 11/25/2023,	\$11,100.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. American Express P.O. Box 96001 Los Angeles, CA 90096-8000	11/7/2022	\$117,015.58	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.3. U.S. Bank P.O. Box 6352 Fargo, ND 58125-6352	12/30/2022	\$500.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. T1 Payments, LLC v. Bullion Holdings, LLC; Shannon Nicole Forsyth, Does I through X, Roe Corporations I through X, inclusive A-21-833412-C	Breach of Contract regarding merchant credit card processing. Alleged charge backs that Bullion did not reimburse T1 Payments. Default entered against Bullion.	Eighth Judicial District Court 200 East Lewis Avenue Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	T1 Payments, LLC v. Nu Life Corporation, a California corporation 2:19-cv-01816-ART-JCA	Declaratory Relief: T1 alleges that Nu Life Corporation terminated merchant agreement early. Nu Life Corporation alleges it is owed \$1,577,359.96 and T1 seeks order that Nu Life Corporation is not. Matter stayed 12/14/22 to continue settlement negotiations.	U.S. District Court, District of Nevada 333 S. Las Vegas Boulevard Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Vida DiVina, LLC v. T1 Payments, LLC 2:21-cv-01005-JCM-VCF	Vida DiVina, LLC alleges T1 Payments, LLC improperly kept reserves of \$810,000	U.S. District Court, District of Nevada 333 S. Las Vegas Boulevard Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Ibuumerang, LLC v. T1 Payments, LLC; T1 Payments, Ltd; TGlobal Services Limited, Donald Kasdon; Debra Karen King aka Debra Karen Kasdon; Amber Fairchild; Payvision B.V.; Pixxles, Ltd. 2:21-cv-01611-JCM-VCF	Ibuumerang alleged T1 Payments held \$1,500,000 belonging to it. Plaintiff dismissed all claims with prejudice against all parties on October 12, 2022 (ECF No. 70)	U.S. District Court, District of Nevada 333 S. Las Vegas Boulevard Las Vegas, NV 89101	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.5.	Household Appliance UK, LTD. v. T1 Payments, LLC; Donald Kasden; Debra Karen King; Amber Fairchild; Cetler, a Netherlands Company 22-cv-1899-JAD-NJK	Household Appliance UK, LTD. alleges that Defendants wrongfully kept \$78,175.20. Answers due on 2/7/2023.	U.S. District Court, District of Nevada 333 S. Las Vegas Boulevard Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	Gaia Ethnobotanical, LLC v. T1 Payments, LLC; Payvision, B.V., (PACER caption is: Vida Divina, LLC et al v. T1 Payments, LLC et al) (Associated Case No. 2:21-cv-01611-JCM-VCF) 2:21-cv-1005-JCM-VCF	Breach of contract alleging that Defendant is improperly holding \$810,500. (Case stayed in U.S.D.C. pending private mediation, ECF No. 16, filed 5/27/22.	U.S. District Court, District of Nevada 333 S. Las Vegas Boulevard Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.7.	First Capital Venture Co. v. T1 Payments, LLC; Donald Kasdon A-21-834626-C	Breach of contract, damages sought in excess of \$1 million. Status: discovery. All claims dismissed with prejudice 10/31/2022.	Eighth Judicial District Court 200 East Lewis Avenue Las Vegas, NV 89101	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.8.	Gaia Ethnobotanical, LLC dba Mitragaia v. T1 Payments, LLC A-22-852775S-C	removed to U.S. District Court, District of Nevada	Eighth Judicial District Court 200 East Lewis Avenue Las Vegas, NV 89101	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.9.	T1 Payments, LLC v. Beyond Wealth PTE, LLC 20-cv-1405-JCM-VCF	T1 Payments filed for declaratory relief to determine it does not owe Beyond Wealth, PTE, LLC over \$4,000,000. Case dismissed on all claims and counterclaims on July 6, 2021.	U.S. District Court, District of Nevada 333 S. Las Vegas Boulevard Las Vegas, NV 89101	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Jeffrey A. Cogan Chartered, a PLLC 1057 Whitney Ranch Drive Suite 350 Henderson, NV 89014	Money	January 27, 2023	\$30,000.00
Email or website address jeffrey@jeffreycogan.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 2520 St. Rose Parkway Henderson, NV 89074	September, 2020 to January 2023
14.2. 3323 NE 163rd Street North Miami Beach, FL 33160	May 2020 to January 2022

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Does debtor still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Debtor **T1 Payments, LLC**Case number (if known) **23-10290****Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
- ☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
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Dates business existed

EIN:

From-To

25.1. **TGlobal Services, LLC**
10161 Park Run Drive
Suite 150
Las Vegas, NV 89145

26. Books, records, and financial statements**26a.** List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.☐ None

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

Name and address	Date of service From-To
26a.1. Ken R. Ashworth & Associates, Prof. Corp 1057 Whitney Ranch Drive Suite 350 Henderson, NV 89014	
26a.2. Citrin Cooperman 1800 JFK Boulevard 20th Floor Philadelphia, PA 19103	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Ken R. Ashworth & Associates, Prof. Corp 1057 Whitney Ranch Drive Suite 350 Henderson, NV 89014	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Debra Kaisen		Manager and owner	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses,

Debtor **T1 Payments, LLC**Case number (if known) **23-10290**

loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
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Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 17, 2023**

/s/ Debra Kaisen
 Signature of individual signing on behalf of the debtor

Debra Kaisen
 Printed name

Position or relationship to debtor **Manager**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Nevada

In re **T1 Payments, LLC**

Debtor(s)

Case No. **23-10290**Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>30,000.00</u>
Prior to the filing of this statement I have received	\$	<u>30,000.00</u>
Balance Due	\$	<u>0.00</u>
2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 17, 2023

Date

/s/ Jeffrey A. Cogan
Jeffrey A. Cogan 4569

Signature of Attorney

Jeffrey A. Cogan Chartered, a PLLC
1057 Whitney Ranch Drive
Suite 350
Henderson, NV 89014
702 474-4220 Fax: 702 474-4228
jeffrey@jeffreycogan.com

Name of law firm

**United States Bankruptcy Court
District of Nevada**

In re **T1 Payments, LLC**

Debtor(s)

Case No. **23-10290**
Chapter **7**

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **Debra Kaisen**, declare under penalty of perjury that I am the **Manager** of **T1 Payments, LLC**, and that the following is a true and correct copy of the resolutions adopted by the Manager of said limited liability company at a special meeting duly called and held on the 28th day of January, 2023_.

"Whereas, it is in the best interest of this limited liability company to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Debra Kaisen, Manager** of this limited liability company is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 7 voluntary bankruptcy case on behalf of the limited liability company; and

Be It Further Resolved, that **Debra Kaisen, Manager** of this limited liability company is authorized and directed to appear in all bankruptcy proceedings on behalf of the limited liability company, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the limited liability company in connection with such bankruptcy case, and

Be It Further Resolved, that **Debra Kaisen, Manager** of this limited liability company is authorized and directed to employ **Jeffrey A. Cogan 4569**, attorney and the law firm of **Jeffrey A. Cogan Chartered, a PLLC** to represent the limited liability company in such bankruptcy case."

Date February 17, 2023

Signed /s/ Debra Kaisen

Debra Kaisen, Manager

Resolution of the Manager
of **T1 Payments, LLC**

Whereas, it is in the best interest of this limited liability company to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Debra Kaisen, Manager** of this limited liability company, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 7 voluntary bankruptcy case on behalf of the limited liability company; and

Be It Further Resolved, that **Debra Kaisen, Manager** of this limited liability company is authorized and directed to appear in all bankruptcy proceedings on behalf of the limited liability company, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the limited liability company in connection with such bankruptcy case, and

Be It Further Resolved, that **Debra Kaisen, Manager** of this limited liability company is authorized and directed to employ **Jeffrey A. Cogan 4569**, attorney and the law firm of **Jeffrey A. Cogan Chartered, a PLLC** to represent the limited liability company in such bankruptcy case.

Date January 28, 2023

Signed /s/ Debra Kaisen
Debra Kaisen